## Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 3, 2008</td>
<td>Original issue</td>
</tr>
<tr>
<td>September 17, 2008</td>
<td>Exam Form \n&quot;Referred from same day colonoscopy&quot; changed to &quot;Referred from incomplete colonoscopy&quot;  \n&quot;Type of study&quot; selections revised \n&quot;Collimation&quot; changed to &quot;Detector row size&quot; \n&quot;CTDI\textsubscript{vol}&quot; added \n&quot;kVp&quot;, &quot;Effective mAs&quot; and &quot;Quality reference mAs&quot; deleted \n&quot;Decubitus image acquisition&quot; added  \nPolyp Form \n&quot;Date of confirming colonoscopy&quot; changed to &quot;Date of reference exam&quot;</td>
</tr>
<tr>
<td>April 29, 2010</td>
<td>Exam Form \nAdditional explanation for “Type of Study” added</td>
</tr>
<tr>
<td>December 8, 2010</td>
<td>Polyp Form \n&quot;Surgery performed&quot; option added</td>
</tr>
<tr>
<td>May 14, 2014</td>
<td>Exam Form \nRange of permitted values for “Slice thickness” and “Interval” changed to values between 0.100 mm and 7.000 mm \nReference to examples of “Clinically significant extracolonic finding(s)” added  \nPolyp Form \n&quot;Patient lost to follow-up” option added</td>
</tr>
<tr>
<td>March 17, 2016</td>
<td>Item 204 \nExamples of ‘Screening, high risk’</td>
</tr>
<tr>
<td>September 8, 2017</td>
<td>Item 214 \nCTD\textsubscript{vol} should be the sum of the values of all series</td>
</tr>
<tr>
<td>August 18, 2018</td>
<td>Scanner Form \nAdded \nExam Form \nUpdated Manufacturer to include “Toshiba”</td>
</tr>
<tr>
<td>October 9, 2018</td>
<td>Item 109 \nReconstructed image wording added \nItem 213 \nHeader changed</td>
</tr>
<tr>
<td>April 4, 2019</td>
<td>Item 213 \nAdded Other and Unknown</td>
</tr>
<tr>
<td>December 18, 2019</td>
<td>Item 106 – Detector row size  \n&quot;0.5 mm&quot; added  \nItem 107 – Detector row size, other \nMinimum value changed to 0.5 mm  \nItem 317 – Detector row size  \n&quot;0.5 mm&quot; added  \nItem 318 – Detector row size, other \nMinimum value changed to 0.5 mm</td>
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<tr>
<td>Date</td>
<td>Changes</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>April 23, 2020</td>
<td>Item 303.1: “Rescheduled Examination”</td>
</tr>
<tr>
<td></td>
<td>Item 303.2: “Originally Scheduled Examination Date”</td>
</tr>
<tr>
<td></td>
<td>Item 303.3: “Reason for Rescheduling” added</td>
</tr>
<tr>
<td>May 28, 2020</td>
<td>Item 303.2: Updated language to state “Indicate the date on which the exam was previously</td>
</tr>
<tr>
<td></td>
<td>scheduled. If the exam has been rescheduled multiple times, use the first originally</td>
</tr>
<tr>
<td></td>
<td>scheduled date of exam.”</td>
</tr>
<tr>
<td>July 28, 2020</td>
<td>Item 303.3: Updated language to reflect “COVID/coronavirus”</td>
</tr>
<tr>
<td>November 18, 2020</td>
<td>Items 101-112: No Longer Used</td>
</tr>
<tr>
<td></td>
<td>Items 311-318, 320-324: No Longer Used</td>
</tr>
<tr>
<td></td>
<td>Item 328.1: “At least one polyp $\geq$ 10 mm, Yes, Select all that apply” added</td>
</tr>
<tr>
<td></td>
<td>Item 328.2: “Histopathology of polyp(s), Select all that apply” added</td>
</tr>
<tr>
<td></td>
<td>Item 328.3: “At least one polyp $\geq$ 10 mm, Yes, Select all that apply, Confirmed at optical</td>
</tr>
<tr>
<td></td>
<td>colonoscopy, Histopathology of polyp(s), Other” added</td>
</tr>
<tr>
<td></td>
<td>Items 329-332: No Longer Used</td>
</tr>
<tr>
<td></td>
<td>Item 334: Removed “Obstruction,” “Recent polypectomy”, “Rectal tube trauma”, “Prior surgery”</td>
</tr>
<tr>
<td></td>
<td>Added “Unknown”, “Preceding optical colonoscopy,” “CTC rectal tube trauma”</td>
</tr>
<tr>
<td></td>
<td>Item 335.1: “E Score” added</td>
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<tr>
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<td>Items 336-338, 340-341: No Longer Used</td>
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<tr>
<td></td>
<td>Items 401-411: No Longer Used</td>
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<tr>
<td>December 23, 2020</td>
<td>Item 328.1: “Unknown (e.g., outside medical records not available)” changed to “It is unknown</td>
</tr>
<tr>
<td></td>
<td>whether an optical colonoscopy was performed (e.g., outside medical records not</td>
</tr>
<tr>
<td></td>
<td>available)”</td>
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<td></td>
<td>“Confirmed at optical colonoscopy” changed to “Confirmed at optical colonoscopy or surgery”</td>
</tr>
<tr>
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<td>“Not seen at optical colonoscopy” changed to “Not seen at optical colonoscopy or</td>
</tr>
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<td>confirming surgery”</td>
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<td>“Optical colonoscopy not performed” changed to “Optical colonoscopy or confirming surgery</td>
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<tr>
<td>April 26, 2021</td>
<td>Item 215.1</td>
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<tr>
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<td>Item 215.3</td>
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<td>Item 215.4</td>
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<td>Item 215.5</td>
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<td>Item 215.6</td>
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<td>Item 215.8</td>
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<td>Item 215.9</td>
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<tr>
<td>March 12, 2021</td>
<td>Item 202</td>
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<td>December 4, 2021</td>
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<td>Items 215.1-215.4, 215.7-215.8</td>
</tr>
<tr>
<td>March 30, 2022</td>
<td>Item 205</td>
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<td>Section</td>
<td>Page</td>
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<tr>
<td>------------------</td>
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</tr>
<tr>
<td>1. SCANNER FORM</td>
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<td>2. CASE REGISTRATION FORM</td>
<td>8</td>
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<td>3. EXAM FORM</td>
<td>14</td>
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<td>4. POLYP FORM</td>
<td>22</td>
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<tr>
<td>5. GLOSSARY</td>
<td>23</td>
</tr>
</tbody>
</table>
1. Scanner form

101-112  NO LONGER USED
201 Facility ID number
Facility ID number is the number assigned to the facility by NRDR.

Usage: Populated automatically.
Permitted values: N/A

202 Case registration date
Indicate the date the paper form was completed.

Usage: Optional.
Range: Greater than the patient’s date of birth and less than or equal to the current date.

203 Patient ID
Patient ID is the number assigned to the patient by NRDR.

Usage: Populated automatically.
Permitted values: N/A

204 Social Security Number (SSN)
Indicate the patient’s Social Security Number, if “Other ID” is not supplied.

Usage: Disabled if “Other ID” is entered; required otherwise.
Range: 0 - 999999999

205 Other ID
Indicate an ID number that uniquely identifies the patient, if the Social Security Number is not supplied.

Usage: Disabled if “SSN” is entered; required otherwise.

Must be a unique patient identifier, such as Medical Record Number. If a facility reports data for a patient in more than one NRDR screening registry*, then the same “Other Identification” must be used for that patient in all registries.

*The NRDR screening registries are:
- CT Colonography Registry (CTC)
- Lung Cancer Screening Registry (LCSR)
- National Mammography Database (NMD)

Permitted values: Combinations of 1 to 45 characters.
206 Description
Indicate a description of the ID used instead of Social Security Number, for example, “Patient Number”.

Usage: Disabled if “SSN” is entered; required otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least 1 character.

First Name
Indicate the patient’s first name.

Usage: Required.

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.

207 Middle name
Indicate the patient’s middle name.

Usage: Optional.

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.

208 Last name
Indicate the patient’s last name.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-) and/or one period (.), provided the hyphen is not in the first or last position.

209 Old Medicare Beneficiary ID (prior to April 2018)
Indicate the patient’s Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional.

Permitted values:
- 9 digits followed by a letter
- 9 digits followed by two letters
- 9 digits followed by a letter and a number
- 1, 2 or 3 letters followed by 6 or 9 digits
2. Case Registration Form

210 New Medicare Beneficiary ID (April 2018 and later)
Indicate the patient’s Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional.

Permitted values:
- A combination of 11 letters and numbers, such as 1EG4-TE5-MK72

211 Date of birth
Indicate the patient’s date of birth in mm/dd/yyyy format.

Usage: Required.

Range: January 1, 1900, to 3 weeks prior to the current date.

212 Patient Sex
Indicate the patient’s sex at birth.

Usage: Required.

Permitted values:
- Male
- Female
- Other
- Unknown

213 Race
Indicate the patient’s race as determined by the patient or patient’s family. If more than one race is identified, select “Other”.

Usage: Optional.

Permitted values:
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

214 Hispanic origin
Indicate whether the patient is of Hispanic origin as determined by the patient or the patient’s family.

Usage: Optional.

Permitted values:
- No
- Yes
215.1 **Health Insurance**

Usage: Optional.

Type of Response: Select all that apply:
- Medicare
- Medicaid
- Private insurance
- Self-pay
- VA
- Other, specify
- Unknown

---

215.2 **Health Insurance, other, specify**

Usage: Required if “Health Insurance” (#215.1) = “Other, specify”; otherwise, this field is not applicable.

Type of Response: Text

---

215.3 **Education level**

Usage: Optional

Type of Response: Select One:
- 8th grade or less
- 9-11th grade
- High school graduate or high school equivalency
- Post high school training, other than college (for example, Vocational/technical school)
- Associate degree / some college
- Bachelor’s degree
- Graduate or Professional school
- Other, please specify
- Unknown / Refused to answer

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215.4 **Education level, other**

Usage: Required if “Education level” (#215.3) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text
215.5 COVID vaccine
Indicate if the patient has received a vaccination for Covid/Coronavirus. Report only vaccinations received prior to the examination. If more than one vaccination was received prior to the exam, report the most recent.

Usage: Optional

Permitted values:
- Yes
- No
- Unknown

215.6 COVID vaccine date
Indicate when the COVID vaccine was given.

Usage: Optional. If “COVID vaccine” (#215.5) = “No” or “Unknown,” this field is should be blank.

Range: A date greater than or equal to 1/1/2020 in mm/dd/yyyy format. Cannot be a future date.

215.7 COVID vaccine manufacturer
Indicate the manufacturer of the COVID vaccine the patient received.

Usage: Required if “COVID vaccine” (#215.5) = “Yes”; otherwise, this field should be blank.

Type of Response: Select One:
- Johnson & Johnson Jansen
- Moderna
- Novavax
- Oxford-AstraZeneca
- Pfizer- BioNTech
- Unknown
- Other, please specify

215.8 COVID vaccine manufacturer,
Usage: Required if “COVID vaccine manufacturer” (#215.7) = “Other, please specify”; otherwise, this field is not applicable.

Type of Response: Text
215.9 COVID vaccine site (v1.3 only)
Indicate the patient’s COVID vaccination site.

Usage: Required if “COVID vaccine” (#215.5) = “Yes”; otherwise, this field should be blank.

Type of Response: Select One:
- Right arm
- Left arm
- Other
- Unknown

216 Date of exam
Indicate the date of the exam in mm/dd/yyyy format.

Usage: Required.

Range: Less than or equal to the current date.

217 Name of person who completed this paper form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.

Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.

218 Name of person who completed this paper form – Last name
Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
### 3. Exam Form

<table>
<thead>
<tr>
<th>Code</th>
<th>Field Name</th>
<th>Description</th>
<th>Usage</th>
<th>Permitted values</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>Facility ID number</td>
<td>Facility ID number is the number assigned to the facility by NRDR.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td>302</td>
<td>Registry case number</td>
<td>The registry case number is assigned by NRDR.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td>303</td>
<td>Examination date</td>
<td>The date entered in the “Date of exam” field of the Case Registration Form.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td>303.1</td>
<td>Rescheduled Examination</td>
<td>Indicate if this exam was previously scheduled on an earlier date and changed for any reason.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Usage: Optional.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Permitted values:</td>
<td></td>
<td></td>
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<td>• No</td>
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<td>• Unknown</td>
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<tr>
<td>303.2</td>
<td>Originally Scheduled Examination date</td>
<td>Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Usage: Required</td>
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<tr>
<td></td>
<td>Permitted values:</td>
<td></td>
<td></td>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

*Note: March 30, 2022*
303.3 **Rescheduled Reason**
Indicate the primary reason the exam was rescheduled.

Usage: Optional

Permitted values: Select One
- Patient reason (COVID/coronavirus related)
- Patient reason (Other)
- Facility reason (COVID/coronavirus related)
- Facility reason (Other)
- Reason Unknown

304 **Type of study**
Indicate the type of study.

Usage: Required.

Permitted values:
- Screening
  - Diagnostic without contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. *It does not include asymptomatic patients who only have a history of failed optical colonoscopy*, unless the colonoscopy was declared failed due to a visualized stricture or mass.)
  - Diagnostic with contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. *It does not include asymptomatic patients who only have a history of failed optical colonoscopy*, unless the colonoscopy was declared failed due to a visualized stricture or mass.)

305 **Type of study - Screening**
Indicate the type of screening study.

Usage: Optional.

Permitted values:
- Average risk (includes failed OC for reasons unrelated to increased risk of cancer [tortuosity, diverticulosis])
- Higher risk without symptoms (family history, etc)
- Prior resected polyp

306 **Type of study – Diagnostic without contrast**
Indicate the type of Diagnostic without contrast study.

Usage: Optional.

Permitted values:
- Symptoms with increased risk of cancer or neoplasm (includes abnormal FIT test)
- Follow-up of known unresected polyps
3. Exam Form

307  Type of study – Diagnostic with contrast
Indicate the type of Diagnostic with contrast study.

Usage: Optional.

Permitted values:
- Symptoms with increased risk of cancer or neoplasm
- Follow-up of known unresected polyps

308  Interpreting physician
Indicate the name of the primary physician who performed the examination.

Usage: Required.

Permitted values: Physicians whose names are entered in the physician dictionary.

Indicate whether technique met guidelines in listed note.

Usage: Optional.

Permitted values:
- No
- Yes

Note: If answered, fields 310-327 are optional.

310  Referred from incomplete colonoscopy
Indicate whether patient was referred from an incomplete colonoscopy.

Usage: Required if field 309 is not answered.

Permitted values:
- No
- Yes

311  NO LONGER USED

312  NO LONGER USED

313  NO LONGER USED
## 3. Exam Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<td>317</td>
<td>NO LONGER USED</td>
</tr>
<tr>
<td>318</td>
<td>NO LONGER USED</td>
</tr>
</tbody>
</table>
| 319   | CTDI<sub>vol</sub>  
Indicate the CTDI<sub>vol</sub> in mGy as displayed on the console. CTDI<sub>vol</sub> should be the sum of the values of all series (Note: Do not include scout/localizer)  
Usage: Required if field 309 is not answered.  
Range: 0.01 – 999.99. |
| 320   | NO LONGER USED |
| 321   | NO LONGER USED |
| 322   | NO LONGER USED |
| 323   | NO LONGER USED |
| 324   | NO LONGER USED |
| 325   | Supine image acquisition  
Indicate whether a supine image was acquired.  
Usage: Required if field 309 is not answered.  
Permitted values:  
• No  
• Yes |
326 Prone image acquisition
   Indicate whether a prone image was acquired.

   Usage: Required if field 309 is not answered.

   Permitted values:
   • No
   • Yes

327 Decubitus image acquisition
   Indicate whether a decubitus image was acquired.

   Usage: Required if field 309 is not answered.

   Permitted values:
   • No
   • Yes, 1 view
   • Yes, 2 views

328 At least one polyp ≥ 10 mm
   Indicate whether any polyps greater than or equal to 10 millimeters were detected.

   Usage: Required.

   Permitted values:
   • No
   • Yes

328.1 At least one polyp ≥ 10 mm, Yes, Select one
   Indicate whether any polyps greater than or equal to 10 millimeters were confirmed.

   Usage: Required if “Yes” is selected for “At least one polyp ≥ 10 mm?”; disabled otherwise.

   Permitted values:
   • It is unknown whether an optical colonoscopy was performed (e.g., outside medical records not available)
   • Confirmed at optical colonoscopy or surgery
   • Not seen at optical colonoscopy or confirming surgery
   • Optical colonoscopy or confirming surgery not performed
328.2 Histopathology of polyp(s), Select all that apply
Indicate histopathology of polyp(s).

Usage: Required if “Confirmed at optical colonoscopy” is selected for “At least one polyp ≥ 10 mm?”; disabled otherwise.

Permitted values:
- Tubular adenoma
- Hyperplastic polyp
- Adenocarcinoma
- Sessile serrated adenoma
- Other

328.3 At least one polyp ≥ 10 mm, Yes, Select all that apply, Confirmed at optical colonoscopy, Histopathology of polyp(s), Other
Indicate the Histopathology of the polyp(s), if not listed.

Usage: Required if “Other, specify” is selected for “Histopathology of polyp(s), Indicate all that apply”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

329 NO LONGER USED

330 NO LONGER USED

331 NO LONGER USED

332 NO LONGER USED

333 Colonic perforation
Indicate whether colonic perforation was detected during the exam.

Usage: Required.

Permitted values:
- No
- Yes
334 Colonic perforation – Yes, select etiology of perforation
Indicate the etiology of the perforation.

Usage: Required if “Yes” is selected for “Colonic perforation”; disabled otherwise.

Permitted values:
- Unknown
- Preceding optical colonoscopy
- Inflammatory bowel disease (IBD)
- Diverticulitis
- CTC rectal tube trauma
- Other, specify

335 Colonic perforation – Yes, select etiology of perforation – Other, specify
Indicate the etiology of the perforation, if not listed.

Usage: Required if “Other, specify” is selected for “Colonic perforation – Yes, select etiology of perforation”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

335.1 E Score
Indicate the E Score of the exam.

Usage: Optional.

Permitted values:
- E0 Limited examination
- E1 Normal examination or anatomic variant
- E2 Clinically unimportant finding
- E3 Likely unimportant, incompletely characterized
- E4 Potentially important finding

336 NO LONGER USED

337 NO LONGER USED

338 NO LONGER USED
### 3. Exam Form

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>339</td>
<td><strong>C Score</strong>&lt;br&gt;Indicate the C Score of the exam.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional.</td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
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<tr>
<td></td>
<td>• C0 Inadequate study – poor prep (can’t exclude &gt; 10 mm lesions)</td>
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<tr>
<td></td>
<td>• C1 Normal colon or benign lesions -- no polyps or polyps &gt; 5mm -- benign lesions (lipomas, inverted diverticulum)</td>
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<tr>
<td></td>
<td>• C2 Intermediate polyp(s) or indeterminate lesion -- polyps 6-9 mm in size, &lt; 3 in number -- indeterminate findings</td>
</tr>
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<td></td>
<td>• C3 Significant polyp(s), possibly advanced adenoma(s) -- polyps =&gt; 10 mm -- polyps 6-9 mm in size, =&gt; 3 in number</td>
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<tr>
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<td>• C4 Colonic mass, likely malignant</td>
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<table>
<thead>
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<td>Computed Tomography</td>
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</tr>
<tr>
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<tr>
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