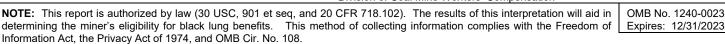
Radiologic Quality Rereading

U. S. Department of Labor

Office of Workers' Compensation Programs Division of Coal Mine Workers' Compensation



Please record your quality finding of a single image by placing "X" in the appropriate boxes on the form and return it promptly to the office that requested the interpretation. The form must be completed as per instructions; signed by a physician; and contain the miner's name and DOL's Case ID Number. The Department of Labor will pay only for images of acceptable quality (1, 2 and 3). Images of inferior quality (U/R) must be retaken without cost to the Department.

1A. Miner's Name (Print)	1B. Date of X-ray	1C. DOL's Case ID Number	1D. Image Quality (If not Grade 1 give reason):	
	MQ. DAY YR.		1 2 3 U/R	
2A. ANY OTHER ABNORMALITIES?	VES (Complete NO B and 2C	Proceed to Section 3	
2B. OTHER SYMBOLS (OBLIGATORY)				
aa at ax bu ca cg c	on co cp cv di ef em es	fr hi ho id ih kl me p	a pb pi px ra rp tb	
REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION	(Specify od.)	Date Personal Physician notified?	Mo. Day Yr.	
2C. OTHER COMMENTS				
2D. SHOULD WORKER SEE PERSO	NAL PHYSICIAN BECAUSE OF COMM	IENTS IN SECTION 2C?	No Proceed to Section 3	
DOL Medical Provider Number (if a Was image taken by a registered r	ENOGRAPHIC EXAMINATION: applicable): radiographer/radiographic technologist?	□ Yes □ No	State	
3B. Physician Interpreting Image (Prin Are you: Board-certified Radiologi	it Name): ist? □ Yes □ No Board-eligib	le Radiologist? □ Yes □ No	B-reader? 🗌 Yes 🗌 No	
Date current B-reader certification expires:				
PHYSICIAN'S SIGNATURE		DATE OF RE-READING		
TWO FILING OPTIONS: 1. To file electronically,	, submit completed form to the .gov/portal/?program_name=E completed form to: .bor	• COAL Mine Portal:	(Mo., Day, Yr.)	



PUBLIC BURDEN STATEMENT

We estimate that it will take an average of 3 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this information collection, including suggestions for reducing this burden, send them to the Division of Coal Mine Workers' Compensation, U.S. Department of Labor, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

PRIVACY ACT NOTICE

The following information is provided in accordance with the Privacy Act of 1974, 5 USC 552a. (1) Submission of this information is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, including potentially liable coal mine operators and their insurance carriers; medical professionals in obtaining medical services or evaluations; contractors providing automated data processing services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies in obtaining information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (5) This information is included in Systems of Records DOL/OWCP-2 and DOL/OWCP-9, published at 81 *Federal Register* 25765, 25858, 25866 (April 29, 2016), or as updated and republished.

NOTICE

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number

For Purposes of Coding for the Department of Labor, the following criteria will be used ILO 2011 INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF THE PNEUMOCONIOSES

1D Technical Quality			
CODES	DEFINITIONS		
1 2	 Good Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis 		
3 U/R	 Acceptable, with some technical defect but still acceptable for classification purposes. Unacceptable for classification purposes. 		
2B	Other Symbols		
t is to be taken that the de	efinition of such symbols is preceded by an appropriate word or phrase such as "suspect" or "suggestive of", etc		
SYMBOLS	DEFINITIONS		
aa	- atherosclerotic aorta		
at	- significant apical pleural thickening		
ax	- coalescence of small opacities		
bu	- bulla(e)		
ca	- cancer: thoracic malignancies excluding mesothelioma		
cg	 calcified non-pneumoconiotic nodules (e.g granuloma) or nodes 		
cn	- calcification in small pneumoconiotic opacities		
CO	- abnormality of cardiac size or shape		
ср	- cor pulmonale		
CV	- cavity		
di	- marked distortion of the intrathoracic structure		
ef	- pleural effusion		
em	- emphysema		
es	- eggshell calcification of hilar or mediastinal lymph nodes		
fr	- fractured rib(s) (acute or healed)		
hi	 enlargement of non-calcified hilar or mediastinal lymph nodes 		
ho	- honeycomb lung		
id	- ill-defined diaphragm border		
ih	- ill-defined heart border		
kl	- septal (Kerley) lines		
me	- mesothelioma		
ра	- plate atelectasis		
pb	- parenchymal bands		
pi	- pleural thickening in the interlobar fissure		
рх	- pneumothorax		
ra	- rounded atelectasis		
rp	- rheumatoid pneumoconiosis		
tb	- tuberculosis		
od	- other disease or significant abnormality		
2C	Comments		
If comments a	re present, please check the "Yes" or "No" box to indicate if the miner should see personal physician.		