

Roentgenographic Quality Rereading

U.S. Department of Labor

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



NOTE: This report is authorized by law (30 U.S.C., 901 et. seq. and 20 CFR 718.102) and required to obtain a benefit. The results of this interpretation will aid in determining the miner's eligibility for black lung benefits. Disclosure of a social security number is voluntary. The failure to disclose such number will not result in the denial of any right benefit, or privilege to which the claimant may be entitled. This method of collecting information complies with the Freedom of information Act, the Privacy Act of 1974, and OMB Cir. No. 108.

OMB No. 1240-0023
Expires: ~~06/30/00~~

Please record your quality finding of a single film 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 social security number. The Department of Labor will pay only for films of acceptable quality (1, 2 and 3). Films of inferior quality (U/R) must be retaken without cost to the Department.

1A. Miner's Name (Print)	1B. Date of X-ray Mo. DAY YR.	1C. Miner's Social Security Number	1D. Film Quality (If not Grade 1. Give Reason): 1 2 3 U/R
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2A. ANY OTHER ABNORMALITIES ? YES Complete 2B and 2C NO Proceed to Section 3

2B. OTHER SYMBOLS (OBLIGATORY)

O	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	ki	pl	px	rp	tb
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REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION.

(Specify od.)

Date Personal Physician notified?

Mo.	Day	Yr.
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2C. OTHER COMMENTS

2D. SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 2C?

Yes	No
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Proceed to Section 3

3A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION:

DOL Medical Provider Number (If applicable):

Was film taken by a registered radiographer/radiographic technologist? Yes No

State

Name

Registration No.

3B. Physician Interpreting Film (Print Name):

Are you: Board-certified Radiologist? Yes No Board-eligible radiologist? Yes No B-reader? Yes No

3C. I certify that this film has been re-read for quality in accordance with the instructions provided by 20 CFR 718, Subpart B, 718.102 and Appendix A. I also certify that the information furnished is correct and am aware that my signature attests to the accuracy of the results reported. I am aware that any person who willfully makes any false or misleading statements or representation in support of an application for benefits under Title 30 USC 941 shall be guilty of a misdemeanor and subject to a fine of up to \$1,000, or to imprisonment for up to one-year, or both.

PHYSICIAN'S SIGNATURE

DATE OF RE-READING

(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 survey, 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**

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

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**For Purposes of Coding for the Department of Labor, the following criteria will be used
ILO 2000 INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF THE PNEUMOCONIOSES**

1D		Technical Quality
CODES	DEFINITIONS	
1	- Good	
3	- Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis.	
U/R	- Poor, with some technical defect but still acceptable for classification purposes.	
		- Unacceptable.
2B		<u>Other Symbols</u>
It is to be taken that the definition of such Symbols is preceded by an appropriate word or phrase such as "suspect" or "suggestive of", etc.		
SYMBOLS	DEFINITIONS	

ax	- coalescence of small pneumoconiotic opacities.
bu	- bulla (e)
ca	- cancer of lung or pleura
cn	- calcification in small pneumoconiotic opacities
co	- abnormality of cardiac size or shape
cp	- cor pulmonale
cv	- cavity
di	- marked distortion of the intrathoracic organs
ef	- effusion
em	- definite emphysema
es	- eggshell calcification of hilar or mediastinal lumph nodes
fr	- fractured rib(s)
hi	- enlargement of hilar or mediastinal lumph nodes
ho	- honeycomb lung
id	- ill defined diaphragm
ih	- ill defined heart outline
kl	- septal (kerley) lines
od	- other significant abnormality
pl	- pleural thickening in the interioabar fissure or mediastinum
px	- pneumothorax
rp	- rheumatoid pneumoconiosis
tb	- tuberculosis

2C

If comments are present, please check the "Yes" or "No" box to indicated if the miner should see personal physician.