Radiologic 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.

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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 social security 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. Miner's Social Security Number	1D. Image Quality (If not Grade 1. Give Reason):
	Mo. DAY YR.		1 2 3 U/R

2A. ANY OTHER ABNORMALITIES ? YES ☐ Complete 2B and 2C NO ☐ Proceed to Section 3

2B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	ø	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	»

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION. OD (Specify od.) _____ Date Personal Physician notified? Mo. Day Yr.

2C. OTHER COMMENTS _____

2D. SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 2C? Yes No Proceed to Section 3

3A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION: _____

DOL Medical Provider Number (If applicable): _____

Was image taken by a registered radiographer/radiographic technologist? ☐ Yes ☐ No _____ State

Name _____ Registration No. _____

3B. Physician Interpreting Image (Print Name): _____

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

Date current B-reader certification expires: _____

3C. I certify that this image 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.

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
2	- Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis.
3	- Poor, with some technical defect but still acceptable for classification purposes.
U/R	- Unacceptable.

2B Other Symbols

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
aa	- atherosclerotic aorta
at	- significant apical pleural thickening
ax	- coalescence of small pneumoconiotic opacities
bu	- bulla(e)
ca	- cancer of lung or pleura
cg	- calcified non-pneumococoniotic nodules
cn	- calcification in small pneumococoniotic 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 lymph nodes
fr	- fractured rib(s) (acute or healed)
hi	- enlargement of hilar or mediastinal lymph nodes
ho	- honeycomb lung
id	- ill-defined diaphragm
ih	- ill-defined heart outline
kl	- septal (kerley) lines
me	- mesothelioma
pa	- plate atelactasis
pb	- parencymal bands
pi	- pleural thickening of an interiobar fissure
px	- pneumothorax
ra	- rounded atelectasis
rp	- rheumatoid pneumoconiosis
tb	- tuberculosis
od	- other significant abnormality

2C Comments

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

Privacy Act Statement

The following statement is made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). This report is authorized by law (30 USC 922 section 20 CFR 725.513). The information you furnish on this form may be routinely disclosed without your consent to another person or Government agency for purposes such as (1) to comply with Federal laws requiring the release of information from our records; or (2) to conduct research and audit activities needed to assure the continuing integrity and improvement of the U.S. Department of Labor representative payee program. Other routine disclosures of this information are listed in the Federal Register, which will be made available upon request.

Accommodation Statement

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 your claims examiner to ask about this assistance.