

Patient Name

# Chest Radiograph Classification Form

Hospital / Clinic Name, Address, and Phone

Birth Date

MRN

Radiograph Date

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<b>1. IMAGE QUALITY</b>	Overexposed (dark)	Improper position	Underinflation	Scapula Overlay	
1 2 3 U/R <small>(If not Grade 1, mark all boxes that apply)</small>	Underexposed (light)	Poor contrast	Mottle	Other (please specify)	
	Artifacts	Poor processing	Excessive Edge Enhancement		
<b>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?</b>		YES	Complete Sections 2B and 2C	NO Proceed to Section 3A	
<b>2B. SMALL OPACITIES</b>		<b>2C. LARGE OPACITIES</b>			
a. SHAPE/SIZE		b. ZONES		c. PROFUSION	
PRIMARY SECONDARY		R L		0/- 0/0 0/1	
p s p s		UPPER		1/0 1/1 1/2	
q t q t		MIDDLE		2/1 2/2 2/3	
r u r u		LOWER		3/2 3/3 3/+	
		SIZE		O A B C Proceed to Section 3A	
<b>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?</b>		YES	Complete Sections 3B, 3C	NO	Proceed to Section 4A
<b>3B. PLEURAL PLAQUES</b> <i>(mark site, calcification, extent, and width)</i>					
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)		Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1		3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2		5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3		> 10 mm = c
Other site(s)	O R L	O R L	O R	O L	O R O L
			1 2 3	1 2 3	a b c a b c
<b>3C. COSTOPHRENIC ANGLE OBLITERATION</b>		R L	Proceed to Section 3D	NO	Proceed to Section 4A
<b>3D. DIFFUSE PLEURAL THICKENING</b> <i>(mark site, calcification, extent, and width)</i>		Extent (chest wall; combined for in profile and face on)		Width (in profile only) (3mm minimum width required)	
Chest wall	Site	Calcification	Up to 1/4 of lateral chest wall = 1		3 to 5 mm = a
In profile	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2		5 to 10 mm = b
Face on	O R L	O R L	> 1/2 of lateral chest wall = 3		> 10 mm = c
			O R	O L	O R O L
			1 2 3	1 2 3	a b c a b c
<b>4A. ANY OTHER ABNORMALITIES? (COMPLETE ON PAGE 2)</b>		YES	Complete Sections 4B-E and 5.	NO	Complete Section 5.
<b>5. NIOSH Reader Information</b>		NIOSH Reader ID Number, Name, Address, and Signature			
A	B	Facility	Other	Other Reading Type	
Reading Date					
Classification Purpose					

**General Purpose Form for ILO Classification**

**Do not submit to NIOSH**

Patient Name (Last, First MI)

**4B. OTHER SYMBOLS (OBLIGATORY)**

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

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

**4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)**

**Abnormalities of the Diaphragm**

Eventration  
Hiatal hernia

**Airway Disorders**

Bronchovascular markings, heavy or increased  
Hyperinflation

**Bony Abnormalities**

Bony chest cage abnormality  
Fracture, healed (non-rib)  
Fracture, not healed (non-rib)  
Scoliosis  
Vertebral column abnormality

**Lung Parenchymal Abnormalities**

Azygos lobe  
Density, lung  
Infiltrate  
Nodule, nodular lesion

**Miscellaneous Abnormalities**

Foreign body  
Post-surgical changes/sternal wire  
Cyst

**Vascular Disorders**

Aorta, anomaly of  
Vascular abnormality

Date Miner's Physician Notified

**4E.** Should worker see personal physician because of findings? YES NO

**4D. OTHER COMMENTS**