# Congratulations on your case acceptance!

# Your next steps:

1. Read this Case Submission Form in its entirety. NOTE: This submission form was recently revised. Please read the form to be aware of required changes. Do not alter the form.

2. Complete this Case Submission Form, which includes the following (bookmarked links below will take you to those specific sections):

* [Case Introduction Details (diagnosis, history, modalities, subspecialty, etc)](#CaseIntroDetails)
* [Question 1](#Question1)
* [Question 2](#Question2)
* [Question 3](#Question3)
* [Question 4](#Question4)
* [Question 5 (optional)](#Question5)
	+ [Findings Page (ie, captions for annotated images](#FindingsSection))
* [Differential Diagnosis, Case Points, and Discussion](#CaseDiagnosisPage)
* [References](#References)
* [Posttest Question](#PosttestQuestion)
* [Author Information](#AuthorInformation)
* [Keywords](#CaseKeywords)

3. Create and/or gather your [images](#ImagesandVideos).

4. Complete the [required forms](#RequiredForms).

5. Package your images, required forms, and Case Submission Form, and add them to a zip file. Add the zip file as an attachment to one email. Include your S# in the subject line, and send to **cipsubmit@acr.org**.

 **NOTE: The ACR does not allow plagiarism. No text should be taken directly from any publication or website. All submissions must be made up of your own original work. Copying text from other sources, even open-source documents, will not be accepted and will lead to rejection of your submission.**

**WRITING YOUR QUESTIONS**

* When writing your questions, please follow these guidelines:
	+ Provide 4-5 questions, not including the single true/false posttest question. Question 5 is optional.
	+ Do not use negative question stems (eg, “Which of the following is NOT an example of…”)
	+ Original, unique explanations are required for ALL answer choices. Do not copy one explanation for one answer option and paste it in another answer option field. Do not give away the answer to the question in an explanation for an incorrect option.
	+ For “choose all that apply” question types, you must include both correct and incorrect answer options.
	+ For choose all that apply question types, restate the answer option in the beginning of the explanation. For example, if “Ascites” is the answer option, then the explanation should begin “Ascites is,” not “This is.”
	+ True/false questions are not accepted apart from the single true/false posttest question, which requires 5 statements for evaluation.
	+ Here’s an example of a great case flow: <https://cortex.acr.org/Cip/Pages/CaseView?CaseId=+fhPYROCVYk%3d&>

[C=1&Preview=true&FromPortal=false](https://cortex.acr.org/Cip/Pages/CaseView?CaseId=+fhPYROCVYk%3d&)

**IMAGES**

**NOTE: Videos are no longer accepted.**

* At least 3 and no more than 10 annotated and non-annotated images are required. In general, non-annotated images will be used in the question section. Annotated images will be used in the findings section (ie, the page just before the Diagnosis/Case points/Discussion).
* Annotated images
	+ Use only colored arrows or circles. Be sure your annotations are obvious; this may require creating thicker lines/arrows or changing the color.
	+ Embed the annotations in the image.
	+ Do not include the caption within the image itself. There is a place in this form to provide your captions.
* Image specifications
	+ .jpg set at highest quality/lowest compression
	+ Images should be 512 x 512 pixels or greater
	+ Cropping:
		- All images should be centered with edges cropped.
		- Remove unused space, white lines or borders, patient information, and manufacturer/trademark information. In general, on CT and MR images, crop the images as close as possible to the body wall or skin surface.
		- On CT images, crop out the CT table or any pad visible beneath the patient.
* When packaging your images
	+ Label them as follows: Figure 1.jpg; Figure 1-annot.jpg; Figure 2.jpg; Figure 2-annot.jpg, etc.
	+ Do not include your images in the body of the email or pasted into Word or PowerPoint slides. We cannot use these images.
	+ Be sure to attach your images to the email, do not insert them. For images to appear as attachments in email, ensure your email format is set to HTML. In Outlook, this is under the “Format Text” tab.

**REQUIRED FORMS**

**All authors must submit the following:**

* ACR Case in Point Case Submission Form
* ACR [Disclosure of Commercial Interest & Copyright Form](https://app.smartsheet.com/b/form/590bd598bf5b4702ad0a9af9068d2385) for each author. This is a digital form.

It is mandatory to have at least one author at the attending level. At least one author must be a practicing radiologist (non-resident/fellow).

**Residents, fellows, and medical students must also submit the following:**

* ACR Case in Point Chair/Program Director Approval Form, one copy

All links and forms can be found at: <https://cortex.acr.org/CIP/pages/forms>

# Please scan and attach your forms to your single packaged email.

# CASE SUBMISSION FORM

Case ID (S####)

|  |
| --- |
|  |

**Diagnosis**

|  |
| --- |
|  |

Case Submitter Information

Your Name**:**

|  |
| --- |
|  |

Your Email:

|  |
| --- |
|  |

Patient History

*Example: “A 61-year-old woman presents with acute onset abdominal pain.”*

Your Patient History (must include reason for imaging):

|  |
| --- |
|  |

Case Subspecialty (Choose up to two. Click on the box to mark your selection—it will record your click.)

[ ]  Abdominal Imaging

[ ]  Breast

[ ]  Cardiac/Cardiovascular

[ ]  Emergency/Trauma

[ ]  Gastrointestinal

[ ]  General Radiology

[ ]  Genitourinary/urinary tract

[ ]  Head and Neck Radiology

[ ]  Interventional Radiology

[ ]  Molecular Imaging

[ ]  Musculoskeletal

[ ]  Neuroradiology

[ ]  Obstetric/Gynecologic

[ ]  Pediatric

[ ]  Reproduction/Endocrine

[ ]  Radiation Oncology

[ ]  Thoracic

[ ]  Vascular

Modalities Used in Case (Choose at least one)

### [ ]  3-D Reconstruction

### [ ]  Angiography

### [ ]  Arthrogram

### [ ]  Barium Enema

### [ ]  Barium Swallow

### [ ]  Cine

### [ ]  Color Doppler

### [ ]  CT

### [ ]  CT with Contrast

### [ ]  CT without Contrast

### [ ]  CTA

### [ ]  Densitometry

### [ ]  Doppler Ultrasound

### [ ]  Echo

### [ ]  Endoscopy

### [ ]  ERCP

### [ ]  Fluoroscopy

### [ ]  Gross

### [ ]  Mammography

### [ ]  Molecular Breast Imaging

### [ ]  Molecular Imaging

### [ ]  MR Spectroscopy

### [ ]  MR with Contrast

### [ ]  MR without Contrast

### [ ]  MRA

### [ ]  MRV

### [ ]  Myelogram

### [ ]  PET

### [ ]  PET-CT

### [ ]  Projection Radiography

### [ ]  SPECT

### [ ]  Tomosynthesis

### [ ]  Ultrasound

### [ ]  Ultrasound with Doppler

### [ ]  Venography

### [ ]  X-ray

###

QUESTION 1

**1. Select Question Type:**

[ ]  Detection (in which the reader identifies an abnormality by clicking in one image): Provide TWO versions of the image (one annotated .jpg with a circle around the single abnormality and one non-annotated .jpg). Explanations are not required.

[ ]  Multiple choice (single answer): All answer choices must have unique, detailed explanations.

[ ]  Choose all that apply: All answer choices must have unique, detailed explanations. Please restate the answer choice in its respective explanation. A mix of correct and incorrect answer options is required.

**2. Provide Question Stem:**

|  |
| --- |
|  |

**3. List Figures to Be Shown With Question 1 (Question 1 must include at least ONE image):**

Figure(s) to be shown (eg, Figure 1.jpg):

**4. Complete Table Below for Multiple Choice and “Choose All That Apply” Questions:**

|  |  |  |
| --- | --- | --- |
| Multiple Choice Answer Choices  | Multiple Choice Answer  | Explanation*(Full sentences are required. Please restate the answer option when beginning your explanation.)* |
| A |  | [ ]  Correct[ ]  Incorrect |  |
| B |  | [ ]  Correct[ ]  Incorrect |  |
| C |  | [ ]  Correct[ ]  Incorrect |  |
| D |  | [ ]  Correct[ ]  Incorrect |  |
| E |  | [ ]  Correct[ ]  Incorrect |  |

QUESTION 2

**1. Select Question Type:**

[ ]  Detection (in which the reader identifies an abnormality by clicking in one image): Provide TWO versions of the image (one annotated .jpg with a circle around the single abnormality and one non-annotated .jpg). Explanations are not required.

[ ]  Multiple choice (single answer): All answer choices must have unique, detailed explanations.

[ ]  Choose all that apply: All answer choices must have unique, detailed explanations. Please restate the answer choice in its respective explanation. A mix of correct and incorrect answer options is required.

**2. Provide Question Stem:**

|  |
| --- |
|  |

**3. List Figures to Be Shown With Question 2:**

Figure(s) to be shown (eg, Figure 1.jpg):

**4. Complete Table Below for Multiple Choice and “Choose All That Apply” Questions:**

|  |  |  |
| --- | --- | --- |
| Multiple Choice Answer Choices  | Multiple Choice Answer  | Explanation*(Full sentences are required. Please restate the answer option when beginning your explanation.)* |
| A |  | [ ]  Correct[ ]  Incorrect |  |
| B |  | [ ]  Correct[ ]  Incorrect |  |
| C |  | [ ]  Correct[ ]  Incorrect |  |
| D |  | [ ]  Correct[ ]  Incorrect |  |
| E |  | [ ]  Correct[ ]  Incorrect |  |

QUESTION 3

**1. Select Question Type:**

[ ]  Detection (in which the reader identifies an abnormality by clicking in one image): Provide TWO versions of the image (one annotated .jpg with a circle around the single abnormality and one non-annotated .jpg). Explanations are not required.

[ ]  Multiple choice (single answer): All answer choices must have unique, detailed explanations.

[ ]  Choose all that apply: All answer choices must have unique, detailed explanations. Please restate the answer choice in its respective explanation. A mix of correct and incorrect answer options is required.

**2. Provide Question Stem:**

|  |
| --- |
|  |

**3. List Figures to Be Shown With Question 3:**

Figure(s) to be shown (eg, Figure 1.jpg):

**4. Complete Table Below for Multiple Choice and “Choose All That Apply” Questions:**

|  |  |  |
| --- | --- | --- |
| Multiple Choice Answer Choices  | Multiple Choice Answer  | Explanation*(Full sentences are required. Please restate the answer option when beginning your explanation.)* |
| A |  | [ ]  Correct[ ]  Incorrect |  |
| B |  | [ ]  Correct[ ]  Incorrect |  |
| C |  | [ ]  Correct[ ]  Incorrect |  |
| D |  | [ ]  Correct[ ]  Incorrect |  |
| E |  | [ ]  Correct[ ]  Incorrect |  |

QUESTION 4

**1. Select Question Type:**

[ ]  Detection (in which the reader identifies an abnormality by clicking in one image): Provide TWO versions of the image (one annotated .jpg with a circle around the single abnormality and one non-annotated .jpg). Explanations are not required.

[ ]  Multiple choice (single answer): All answer choices must have unique, detailed explanations.

[ ]  Choose all that apply: All answer choices must have unique, detailed explanations. Please restate the answer choice in its respective explanation. A mix of correct and incorrect answer options is required.

**2. Provide Question Stem:**

|  |
| --- |
|  |

**3. List Figures to Be Shown With Question 4:**

Figure(s) to be shown (eg, Figure 1.jpg):

**4. Complete Table Below for Multiple Choice and “Choose All That Apply” Questions:**

|  |  |  |
| --- | --- | --- |
| Multiple Choice Answer Choices  | Multiple Choice Answer  | Explanation*(Full sentences are required. Please restate the answer option when beginning your explanation.)* |
| A |  | [ ]  Correct[ ]  Incorrect |  |
| B |  | [ ]  Correct[ ]  Incorrect |  |
| C |  | [ ]  Correct[ ]  Incorrect |  |
| D |  | [ ]  Correct[ ]  Incorrect |  |
| E |  | [ ]  Correct[ ]  Incorrect |  |

OPTIONAL QUESTION 5

**1. Select Question Type:**

[ ]  Detection (in which the reader identifies an abnormality by clicking in one image): Provide TWO versions of the image (one annotated .jpg with a circle around the single abnormality and one non-annotated .jpg). Explanations are not required.

[ ]  Multiple choice (single answer): All answer choices must have unique, detailed explanations.

[ ]  Choose all that apply: All answer choices must have unique, detailed explanations. Please restate the answer choice in its respective explanation. A mix of correct and incorrect answer options is required.

**2. Provide Question Stem:**

|  |
| --- |
|  |

**3. List Figures to Be Shown With Question 5:**

Figure(s) to be shown (eg, Figure 1.jpg):

**4. Complete Table Below for Multiple Choice and “Choose All That Apply” Questions:**

|  |  |  |
| --- | --- | --- |
| Multiple Choice Answer Choices  | Multiple Choice Answer  | Explanation*(Full sentences are required. Please restate the answer option when beginning your explanation.)* |
| A |  | [ ]  Correct[ ]  Incorrect |  |
| B |  | [ ]  Correct[ ]  Incorrect |  |
| C |  | [ ]  Correct[ ]  Incorrect |  |
| D |  | [ ]  Correct[ ]  Incorrect |  |
| E |  | [ ]  Correct[ ]  Incorrect |  |

## FINDINGS SECTION: CAPTIONS FOR ANNOTATED IMAGES

* Each image shown in the findings section requires a caption. Captions must reference any annotation(s) shown. Please use full sentences and include detailed information such as body part, modality, contrast enhancement, fat saturation, plane of section, level, etc (eg, “This axial STIR MR image at the level of the mid abdomen shows the “target sign” (red circle), which is characteristic for intestinal intussusception.”)
* At least 3 (and no more than 10) annotated images are required.
* Have questions? Refer to the [directions on preparing your images](#ImagesandVideos).

**Complete the table below for your annotated images:**

|  |  |
| --- | --- |
| **Figure**  | **Caption** |
| **1, annotated** |  |
| **2, annotated** |  |
| **3, annotated** |  |
| **4, annotated** |  |
| **5, annotated** |  |
| **6, annotated** |  |
| **7, annotated** |  |
| **8, annotated** |  |
| **9, annotated** |  |
| **10, annotated** |  |

## CASE DIAGNOSIS PAGE

**1. Differential Diagnosis (three entries are required):**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

 **2. Case Summary Points (three are required; use full sentences; these should state the key teaching messages you want to summarize from your case and its discussion.):**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

 **3. Case Discussion (2-3 paragraphs, approximately 350-400 words). The table will expand. Do not use in-text citation numbers.**

|  |
| --- |
|  |

## REFERENCES

* Use AMA format
	+ Journal article with 1 to 6 authors: Salwachter AR, Freischlag JA, Sawyer RG, Sanfey HA. The training needs and priorities of male and female surgeons and their trainees. J Am Coll Surg. 2005;201:199-205.
	+ Journal article with more than 6 authors: Fukushima H, Cureoglu S, Schachern P, et al. Cochlear changes in patients with type 1 diabetes mellitus. Otolaryngol Head Neck Surg. 2005;133:100-6.
* Book chapters and websites (eg, StatDX/UptoDate, Wikipedia, etc) are **NOT** acceptable.

**Provide at least four references in the table below. The table will expand.**

|  |  |
| --- | --- |
| **Reference 1** |  |
| **Reference 2** |  |
| **Reference 3** |  |
| **Reference 4** |  |
| **Reference 5** |  |
| **Reference 6** |  |

POSTTEST QUESTION

* This should test the main teaching points of the case and diagnosis and is limited to the information presented in the Case Points and Discussion.
* Provide 5 statements for the reader to evaluate.

**Complete the table below. The table will expand.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement****Number** | **Statement** | **Is This Statement True or False?** | **Explanation** |
| **1** |  | [ ]  True[ ]  False |  |
| **2** |  | [ ]  True[ ]  False |  |
| **3** |  | [ ]  True[ ]  False |  |
| **4** |  | [ ]  True[ ]  False |  |
| **5** |  | [ ]  True[ ]  False |  |

## AUTHOR INFORMATION

ATTENTION MEDICAL STUDENT AUTHORS: To view your published case, you must become a medical student member of the ACR. Medical student membership is FREE.

Medical student benefits: <https://www.acr.org/Member-Resources/Medical-Student>

Join ACR: <https://acrmemberservices.wufoo.com/forms/acr-medical-student-membership-application/>

## Complete the tables below for all authors.

**Author 1**

|  |  |
| --- | --- |
| Name  |  |
| Degree (no periods, eg, BS, MD, PhD) |  |
| Resident Year |  |
| Title (eg, Radiology Resident, Assistant Professor of Radiology, MSIV) |  |
| Department |  |
| Specialty |  |
| Email Address |  |
| Institution Name |  |
| Institution City and State (use abbreviations for state) |  |
| REQUIRED: Include institution logo  | In your final email submission, include an institution logo in .jpg form for each representative institution. |
| Headshot Included? Yes or No |  |

**Author 2**

|  |  |
| --- | --- |
| Name  |  |
| Degree (no periods, eg, BS, MD, PhD) |  |
| Resident Year |  |
| Title (eg, Radiology Resident, Assistant Professor of Radiology, MSIV) |  |
| Department |  |
| Specialty |  |
| Email Address |  |
| Institution Name |  |
| Institution City and State (use abbreviations for state) |  |
| REQUIRED: Include institution logo  | In your final email submission, include an institution logo in .jpg form for each representative institution. |
| Headshot Included? Yes or No |  |

**Author 3**

|  |  |
| --- | --- |
| Name  |  |
| Degree (no periods, eg, BS, MD, PhD) |  |
| Resident Year |  |
| Title (eg, Radiology Resident, Assistant Professor of Radiology, MSIV) |  |
| Department |  |
| Specialty |  |
| Email Address |  |
| Institution Name |  |
| Institution City and State (use abbreviations for state) |  |
| REQUIRED: Include institution logo  | In your final email submission, include an institution logo in .jpg form for each representative institution. |
| Headshot Included? Yes or No |  |

**Author 4**

|  |  |
| --- | --- |
| Name  |  |
| Degree (no periods, eg, BS, MD, PhD) |  |
| Resident Year |  |
| Title (eg, Radiology Resident, Assistant Professor of Radiology, MSIV) |  |
| Department |  |
| Specialty |  |
| Email Address |  |
| Institution Name |  |
| Institution City and State (use abbreviations for state) |  |
| REQUIRED: Include institution logo  | In your final email submission, include an institution logo in .jpg form for each representative institution. |
| Headshot Included? Yes or No |  |

**Author 5**

|  |  |
| --- | --- |
| Name  |  |
| Degree (no periods, eg, BS, MD, PhD) |  |
| Resident Year |  |
| Title (eg, Radiology Resident, Assistant Professor of Radiology, MSIV) |  |
| Department |  |
| Specialty |  |
| Email Address |  |
| Institution Name |  |
| Institution City and State (use abbreviations for state) |  |
| REQUIRED: Include institution logo  | In your final email submission, include an institution logo in .jpg form for each representative institution. |
| Headshot Included? Yes or No |  |

CASE KEYWORDS

**Add at least four keywords below related to your case for use in searching:**

|  |  |
| --- | --- |
| **Keyword 1** |  |
| **Keyword 2** |  |
| **Keyword 3** |  |
| **Keyword 4** |  |
| **Keyword 5** |  |
| **Keyword 6** |  |