

Place facility label here, if applicable

Facility Name: _____

Place MRAP barcode label here, if applicable

Practice Site #: _____

MRAP ID no. _____

MAGNETIC RESONANCE IMAGING ACCREDITATION PROGRAM MODALITY SECTION

Supervising Physician: _____

Supervising Physician email address (This email will be used to send your Final Report and other important information.

Please be sure that this is email is correct.): _____

Technologist Contact Person: _____ Technologist Contact Telephone: _____

Appointment Telephone: _____ Technologist E-mail Address: _____

*Fill out this form for every magnet at this location. All magnets at this site must provide the required images.*How many whole body magnets are there at this location? *enter a number* _____How many specialty magnets are there at this location? *enter a number* _____

A specialty magnet is defined as a magnet that is not capable of performing MRI examinations on the whole body due to hardware or software limitations, or limited by the documented policies and procedures of the facility stating only certain examinations will be performed on that particular unit.

Describe the magnet(s) at this site.

Unit # _____ Room Location # _____

Manufacturer *see code table* _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____

If other, specify manufacturer: _____

Place unit label here, if applicable

Date of last equipment eval/ physics survey:	_____ (mm/dd/yyyy)						
Type of submission for Clinical images	<input type="checkbox"/> CD	<input type="checkbox"/> Film	Note: If Cardiac is selected, all clinical exams for this unit must be submitted on CD.				
Phantom images must be submitted on CD							
Is this unit only capable of extremity examinations? (Note: If Yes, then only choose MSK module.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Magnetic Field Strength: <i>check one</i>	<input type="checkbox"/> 0.064 T	<input type="checkbox"/> 0.2 T	<input type="checkbox"/> 0.23 T	<input type="checkbox"/> 0.3 T	<input type="checkbox"/> 0.35 T	<input type="checkbox"/> 0.38 T	<input type="checkbox"/> 0.5 T
	<input type="checkbox"/> 0.6T	<input type="checkbox"/> 0.7 T	<input type="checkbox"/> 1.0 T	<input type="checkbox"/> 1.5 T	<input type="checkbox"/> 2.0 T	<input type="checkbox"/> 3.0 T	<input type="checkbox"/> Other <i>specify</i> _____ T
Operating Location: <i>check one</i>	<input type="checkbox"/> Fixed	<input type="checkbox"/> Fixed Trailer		<input type="checkbox"/> Mobile Trailer		<input type="checkbox"/> Other <i>specify</i> _____	
Is this unit new since your last accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Withdrawn:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Inactivated: _____				
Did this new unit replace an older one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Which unit does this replace?	<i>Model name:</i> _____			<i>Serial number:</i> _____			

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Between four and six examinations per unit are required for accreditation. The exact number of examinations depends on the number of modules for which the unit is used. This table explains the number of examinations you are required to submit, depending on the number of modules you choose.

Number of modules on application	Number of examinations per module	Total exams
One module	Four examinations are required, at least one specialty examination	Four
Two modules	Select one specialty examination and one basic examination from each module	Four
Three modules	Select one specialty examination from <i>each</i> module, <i>and</i> select one basic examination from <i>any</i> of the three modules	Four
Four modules	One specialty examination from each module	Four
Five modules	One specialty examination from each module	Five
Six modules	One specialty examination from each module	Six

Examination choices for MR Accreditation by module (specialty examinations denoted by asterisk*)

You must select all modules that are routinely performed on this unit. Specific examinations are required for each module (see table below). At least one of the examinations chosen for each module must be a specialty examination. *Asterisks denote the specialty examinations.* See the *ACR MRI Accreditation Program Requirements* and the *ACR MRI Clinical Image Quality Guide* for more information. (Available online at: www.acr.org/accreditation.aspx) Place a check by each module your routinely perform on this unit. Using the table above to determine the number of examinations you must submit, place a check mark by each examination choice.

<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Spine	<input type="checkbox"/> MSK
<input type="checkbox"/> Brain for transient ischemic attack (TIA) <input type="checkbox"/> Internal auditory canal (IAC/temporal bone) for hearing loss <input type="checkbox"/> Brain for suspected demyelinating disease* <input type="checkbox"/> Pituitary with dynamic contrast enhancement* <input type="checkbox"/> Orbits for vision loss*	<input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Cervical Spine* <input type="checkbox"/> Cervical Spine with contrast for intramedullary disease*	<input type="checkbox"/> Knee such as for internal derangement <input type="checkbox"/> Shoulder such as for internal derangement <input type="checkbox"/> Wrist such as for internal derangement* <input type="checkbox"/> Elbow such as for internal derangement* <input type="checkbox"/> Forefoot for Morton's neuroma*
<input type="checkbox"/> Body	<input type="checkbox"/> MRA	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Male pelvis such as for prostate cancer <input type="checkbox"/> Renal <input type="checkbox"/> Hepatobiliary to Include MRCP* <input type="checkbox"/> Female pelvis such as for uterine or adnexal disease*	<input type="checkbox"/> Brain <input type="checkbox"/> Carotid <input type="checkbox"/> Thoracic aorta <input type="checkbox"/> Distal peripheral runoff <input type="checkbox"/> High resolution arch and carotid* <input type="checkbox"/> Abdomen for renal artery stenosis *	<input type="checkbox"/> Black blood <input type="checkbox"/> Basic <input type="checkbox"/> Delayed enhanced cine 1 <input type="checkbox"/> Delayed enhanced cine 2 <input type="checkbox"/> Delayed enhanced cine + black blood*

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To help us determine the most effective methods for communicating with the radiology community, please tell us how you heard about the MRI Accreditation Program. *Check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Brochure mailing | <input type="checkbox"/> ACR booth (name of meeting) _____ |
| <input type="checkbox"/> Web site (describe) _____ | <input type="checkbox"/> Third party payer requirement (name of payer) _____ |
| <input type="checkbox"/> Conference (name) _____ | <input type="checkbox"/> State requirement |
| <input type="checkbox"/> Other (describe) _____ | |

PEER REVIEW PRACTICES FOR MAGNETIC RESONANCE IMAGING

Effective April 1, 2007, all sites initially applying for ACR accreditation and all sites renewing their accreditation must have active participation in a physician peer-review program. RADPEER™ *or an equivalent peer review program* is required for accreditation. This section will ask about your modality's current physician peer-review status. **This section must be completed.**

1. Does your group participate in the ACR's RADPEER™¹ or eRADPEER™² program for magnetic resonance imaging?
¹ No ² Yes

If so, what is your RADPEER™ number? _____

2. If no, do you have a process for peer review that evaluates the accuracy of interpretation?
¹ No ² Yes

3. Approximately, what percentage of images is reviewed per physician per year?
 Less than 2% 3% 4% 5% 6% or greater

NOTE: For sites with an alternative physician peer-review program please answer the following questions.

4. Is there a peer review process that includes a double reading (2 physicians interpreting the same study) assessment?
¹ No ² Yes
5. Does the peer review process allow for random selection of studies to be reviewed on a regularly scheduled basis?
¹ No ² Yes
6. Are the exams and procedures representative of the work of each physician's specialty?
¹ No ² Yes
7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?
¹ No ² Yes
8. Is there a classification of peer review findings with regard to level of quality concerns (one example would be a 4-point scoring scale)?
¹ No ² Yes
9. Are there policies and procedures for action to be taken on significantly discrepant peer review findings for the purpose of achieving quality outcomes improvement?
¹ No ² Yes
10. Are summary statistics and comparisons generated for each physician by modality?
¹ No ² Yes
11. Is there summary data for each facility/practice by modality?
¹ No ² Yes

¹ RADPEER™ is a simple process that allows peer review to be performed during the routine interpretation of current images. If, during interpretation of a new examination, there are prior images of the same area of interest, the interpreting radiologist will typically form an opinion of the previous interpretation while interpreting the new study. If the opinion of the previous interpretation is scored, a peer review event has occurred. In RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale.

² e RADPEER™ is a web-based program that allows submission of scores and acquisition of reports through a secure web site. As in RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale. For information on RADPEER™ or eRADPEER™ please go to the ACR Web site at www.acr.org.