

Place
"Test Image Data Sheet"
label here.



1891 Preston White Drive, Reston, VA 20191-4397

Breast Ultrasound Accreditation Program Test Image Data

Please print or type. All information must be accurate. You must complete information for both simple cyst and solid mass images on this side. If you are applying for the Ultrasound-Guided Breast Biopsy Module, complete the applicable areas on the reverse side. The simple cyst or mass must be visible on both mammogram views and **clearly circled**. If this is not done, your facility will fail accreditation. Do **not** use a radiopaque marker.

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Release or disclosure of this document is prohibited in accordance with Code of Virginia 8.01-581.17

GENERAL

Name of person completing this form

Date

(_____) _____

Phone

SIMPLE CYST IMAGES

1. Technical factors

a. Who performed the breast ultrasound examination? ¹ Physician ² Sonographer ³ Mammography technologist

2. Ultrasound unit

a. Transducer frequency: _____ MHz

b. Array design: Linear Curved linear Other _____

c. Manufacturer: _____

d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Cyst must be visible and clearly circled on both mammograms.

SOLID MASS IMAGES

1. Technical factors

a. Who performed the breast ultrasound examination? ¹ Physician ² Sonographer ³ Mammography technologist

2. Ultrasound unit

a. Transducer frequency: _____ MHz

b. Array design: Linear Curved linear Other _____

c. Manufacturer: _____

d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.

ULTRASOUND-GUIDED BREAST BIOPSY MODULE • GENERAL

Check which option you are applying for and complete the appropriate section(s) below:

- Core needle biopsy (CNB) for facilities that perform **only** CNB
 Fine needle aspiration cytology (FNAC) for facilities that perform **only** FNAC of breast masses
 CNB and FNAC for facilities that perform **both** types of biopsy procedures

Only submit images from a solid mass for FNAC; do NOT submit images from cyst aspirations or axillary lymph nodes.

CORE NEEDLE BIOPSY (CNB) IMAGES

1. Technical factors

- a. Who performed the pre-biopsy sonogram? ¹ Physician ² Sonographer ³ Mammography technologist
b. Biopsy device used: Manufacturer _____ Used in fire mode Used in non-fire mode
c. Throw length _____ mm (if used in fire mode)
d. Biopsy needle: Gauge _____ Length _____ mm
e. Tissue collection chamber length _____ mm
f. Number of cores taken: _____

2. Ultrasound unit

- a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

- a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) IMAGES

1. Technical factors

- a. Who performed the pre-biopsy sonogram? ¹ Physician ² Sonographer ³ Mammography technologist
b. Biopsy needle: Gauge _____ Length _____ mm
c. Coaxial system: *check one* ¹ No ² Yes
d. Number of passes: _____

2. Ultrasound unit

- a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

- a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.