

This Mammography Accreditation Survey Agreement must be signed by the facility's lead interpreting physician and an officer, owner, or other legally constituted representative of the facility. Original, electronic or faxed signatures are required and considered legally binding for this Agreement. Stamped signatures are not acceptable.



Mammography Accreditation Program
1891 Preston White Drive
Reston, VA 20191-4397

MAMMOGRAPHY ACCREDITATION SURVEY AGREEMENT

The undersigned hereby request a survey of the quality of mammography service being performed at the location listed below. The purpose of this request is to apply for mammography accreditation at the listed location.

Facility Name and Address: _____

The American College of Radiology will render an objective review in regard to the findings and in regard to whether or not the mammography equipment should be accredited by the American College of Radiology.

As a condition of receiving the requested survey the Lead Interpreting Physician and Facility Officer or Owner agree to:

1. Submit with the survey application the non-refundable fee for an accreditation survey, which is based upon the number of individual mammography units to be reviewed.
2. Obtain the designated mammographic detail phantom meeting the criteria specified by the ACR Committee on Mammography Accreditation and, if appropriate, remit the fee for the phantom directly to the manufacturer.
3. Provide, in a timely manner, all materials, including clinical images, phantom images, dosimeter and QC data or any other information necessary to evaluate the mammography services for accreditation purposes.
4. Receive the written final report and any peer review information by the supervising radiologist (lead interpreting physician).
5. Ensure that all personnel (including physicians, radiologic technologists, and medical physicists) performing mammography services at this facility meet personnel requirements described in FDA's Mammography Quality Standards; Final Rule.
6. Ensure that all mammography equipment located at this facility meet equipment requirements described in FDA's Mammography Quality Standards; Final Rules.
7. Ensure that the facility has quality control and quality assurance programs in place that comply with the FDA rules and that all other accreditation criteria are met and continue to be complied with during the accreditation period.
8. Ensure that the results of mammography examinations are communicated to patients and their health care provider in accordance with the FDA's Mammography Quality Standards; Final Rules.
9. Ensure that mammography records are maintained and made available to patients in accordance with the FDA's Mammography Quality Standards; Final Rules.
10. Perform review of mammography practice on-site by the off-site supervising radiologist (lead interpreting physician) at least quarterly, consistent with the "Off-Site Radiologist" section in the ACR document entitled Mammography Accreditation Program Overview.
11. Upon timely notice, and if requested by the ACR, submit to a pre-accreditation and/or post-accreditation on-site visit conducted by a survey team designated by the ACR. In connection with the on-site survey, provide

