

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Code of Virginia 8.01-581.17

SECTION J • EQUIPMENT • FULL-FIELD DIGITAL • MAMMOGRAPHY UNIT

1. Mammography unit room #: _____
2. Manufacturer: _____
3. Model name: _____
4. Type of recording system used with this unit: ¹ Screen-film ³ Full-field digital ⁴ Screen-film AND full-field digital

EQUIPMENT CHARACTERISTICS

5. Is this unit specifically designed for and dedicated to mammography? ¹ No ² Yes
6. X-ray tube target material: *check one* ¹ Molybdenum ² Tungsten ³ Molybdenum/Rhodium option ⁴ Molybdenum/Tungsten option
7. Tube filter material: *check one* ¹ Molybdenum ² Molybdenum/Rhodium option ⁹⁹ Other, *specify* _____
8. Exposure control: *check all that apply* ¹ Automatic exposure control (AEC) ² Manual
9. Is kVp and mAs (or mA and time) indicated after the AEC exposure? ¹ No ² Yes
10. Is this unit equipped for magnification mammography? ¹ No ² Yes
11. Nominal focal spot size used for (a) magnification: *enter a number* _____
(b) screening: *enter a number* _____
12. Image receptor sizes available: *check all that apply* ¹ 18 x 24 cm ² 24 x 30 cm ⁹⁹ Other, *specify size* _____
13. Grid (bucky) sizes available: *check all that apply* ¹ 18 x 24 cm ² 24 x 30 cm ⁹⁹ Other, *specify size* _____ N/A
14. Grid type? *check one* ¹ Moving grid ² Stationary grid ³ None
15. Grid ratio: *enter a numeric ratio* _____ ¹ Not applicable
16. Grid frequency: *enter a number* _____ lines/in OR _____ lines/cm ¹ Not applicable
17. Is a compression paddle available to match each bucky size? ¹ No ² Yes
18. Is an initial power-driven compression available that can be activated by hands-free controls from both sides of the patient? ¹ No ² Yes
19. Does this system have fine adjustment compression controls operable from both sides of the patient? ¹ No ² Yes

**Complete one copy of this form for
each full-field digital mammography unit.**

SECTION K: EQUIPMENT • FULL-FIELD DIGITAL • IMAGE RECEPTOR AND DISPLAY

1. Type of Detector: *check one*

- ¹ General Electric amorphous silicon
 ² Lorad/Hologic amorphous selenium
 ³ Fischer scanned slot CCD
 ⁴ Siemens amorphous selenium
 ⁵ Fuji stimuable phosphor
 ⁹⁹ Other, *specify* _____

2. Pixel format (matrix size) of image: (for example: X=4000, Y=3000, where x is the left-right direction and y is the chest wall-nipple direction)

X= _____ Y= _____

Detector element size (for example: 80 microns) _____ microns

3. Is screen-film used with this unit?
 ¹ No
 ² Yes, (*You must also complete the Section K • Equipment • Screen-Film • Image Receptor form*)

Questions 4 – 6 refer to the review workstation (not the acquisition display, if separate)

4. Indicate the type of display system used

- ¹ General Electric Model: _____
 ² Lorad/Hologic Model: _____
 ³ Fischer Model: _____
 ⁴ Siemens Model: _____
 ⁵ Fuji Model: _____
 ⁹⁹ Other, *specify manufacturer and model* _____

5. Number of image display monitors: _____

6. Pixel format of monitor:
 2048 x 2560
 1024 x 1280
 1600 x 1200
 ⁹⁹ Other, *specify* _____

Important: Complete a separate "Section L" for each laser film printer that is used to print hardcopy mammograms from this unit, including those printers that are located offsite.

Place a "Laser Printer Data Sheet" label here.
(If films are printed from more than one digital mammography unit in this printer, place the "Laser Printer Data Sheet" labels from the other units on the back of this form.)

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SECTION L: EQUIPMENT • FULL-FIELD DIGITAL • LASER PRINTER AND PROCESSOR

- How many laser film printers are used for mammography at this facility? enter a number _____
- Laser film printer manufacturer and model (used for hard copy):

<input type="checkbox"/> Kodak Dryview 8900	<input type="checkbox"/> Kodak Dryview 8610	<input type="checkbox"/> Kodak Dryview 8600	<input type="checkbox"/> Agfa Scopix LR 5200P	<input type="checkbox"/> Agfa Drystar 4500M
<input type="checkbox"/> Fuji DryPix 5000	<input type="checkbox"/> Fuji DryPix 7000	<input type="checkbox"/> Fuji DryPix FM-DP L	<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Printing performed by third party (please identify party, manufacturer and model of printer) _____				
- Pixel format (matrix size) of laser film printer: (for example: X=3000, Y=4000, where x is the left-right direction and y is the chest wall-nipple direction)
X= _____ Y= _____
- Laser film manufacturer: _____
- Laser film type: _____
- Film processor manufacturer (of the processor most commonly used to develop digital hard copy): (if dry processing is used, skip to #13)

<input type="checkbox"/> 1 3M	<input type="checkbox"/> 4 Alpha Tek	<input type="checkbox"/> 7 Ecomat	<input type="checkbox"/> 10 Kodak	<input type="checkbox"/> 13 Phillips	<input type="checkbox"/> 99 Other, specify _____
<input type="checkbox"/> 2 AFP	<input type="checkbox"/> 5 Curix	<input type="checkbox"/> 8 Fuji	<input type="checkbox"/> 11 Konica	<input type="checkbox"/> 14 Picker	_____
<input type="checkbox"/> 3 Agfa	<input type="checkbox"/> 6 Dupont	<input type="checkbox"/> 9 Hope	<input type="checkbox"/> 12 Pako	<input type="checkbox"/> 15 Vari-X	
- Film processor model name: _____
- Chemistry manufacturer:

<input type="checkbox"/> 1 Agfa	<input type="checkbox"/> 3 Clayton	<input type="checkbox"/> 5 H.R. Simon	<input type="checkbox"/> 7 Picker
<input type="checkbox"/> 2 Autex	<input type="checkbox"/> 4 DuPont/Sterling	<input type="checkbox"/> 6 Kodak	<input type="checkbox"/> 99 Other, specify _____
- Chemistry source:

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Non-manufacturer distributor	<input type="checkbox"/> Other, specify _____
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- Chemistry preparation:

<input type="checkbox"/> 1 Pre-mixed	<input type="checkbox"/> 2 Concentrate; mixed onsite by personnel	<input type="checkbox"/> 3 Concentrate; mixed onsite w/automixer	<input type="checkbox"/> 99 Other
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- Total processor cycle time: enter a number _____ seconds
- Developer temperature: enter a number _____ ° Fahrenheit

LASER FILM PRINTER QC

- Film manufacturer used for laser film printer QC: _____
- Film type: _____

Please check the following:

- A laser film printer **QC chart** with at least 1 calendar month of data for *each printer used to print images from this unit* is stapled to this form. This *also applies to offsite printers* that may be used with this unit.
- The *clinical and phantom images were taken within the same 30-day time frame* and are *within the time period shown on the laser film printer QC chart*.
- Each QC chart includes your facility's *name and MAP ID, the laser film printer manufacturer and model, and remarks on corrective action* as necessary.
- The laser film printer's QC program is substantially *the same as that recommended by the FFDM manufacturer*. (We recommend you use the QC chart provided in the laser film printer's QC manual.)