

**MAMMOGRAPHY QUALITY CONTROL CHECKLIST – FULL-FIELD DIGITAL
LORAD MODEL: _____**

Monthly, Quarterly, and Semi-Annual
(date, initial and enter number where appropriate)

Year												
Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Visual Checklist (monthly)												
Repeat/Reject Analysis (≤2% change) (quarterly)												
Compression (25-45 lb) (semiannually)												
Diagnostic Review Workstation QC <i>(See Lorad QC Manual)</i>												

Date:

Test:

Comments:
