

*Place  
"Test Image Data Sheet"  
label here.*



1891 Preston White Drive, Reston, VA 20191-4397

**Mammography Accreditation Program  
Test Image Data  
Full-Field Digital • Fischer**

*Please print or type. This form is used to record the technical factors used for the phantom and clinical images. Complete a separate form for each mammography unit being evaluated. All information on this sheet must be accurate and complete.*

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Code of Virginia 8.01-581.17

**TEST IMAGE DATA • SYSTEM IDENTIFICATION**

1. Mammography unit room #: \_\_\_\_\_
2. Mammography unit manufacturer: Fischer
3. Model name: SenoScan
4. Year manufactured: \_\_\_\_\_
5. Review Workstation Mfr: \_\_\_\_\_
6. Model: \_\_\_\_\_
7. Laser film printer manufacturer: \_\_\_\_\_
8. Laser film printer model: \_\_\_\_\_
9. Film processor manufacturer: \_\_\_\_\_
10. Film processor model: \_\_\_\_\_  <sup>98</sup> NA, if dry process, go to #13
11. Total processor cycle time: enter a number \_\_\_\_\_ seconds
12. Developer temperature: enter a number \_\_\_\_\_ ° Fahrenheit
13. If hard copy printed by third party, identify party and type of printer: \_\_\_\_\_
14. Primary interpretations are from (check one):  soft copy  hard copy
15. Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_
16. Telephone: (\_\_\_\_) \_\_\_\_\_

**TEST IMAGE DATA • PHANTOM IMAGE**

1. Phantom information:
  - (a) Manufacturer and model  <sup>1</sup> RMI Model 156  <sup>2</sup> Nuclear Associates Model 18-220  <sup>3</sup> CIRS Model 015
  - (b) Wax insert serial number (appears on image) \_\_\_\_\_ (c) Phantom serial number (on side of phantom) \_\_\_\_\_
2. Technical factors used to produce the phantom image:

Date of Image	kVp	mA	Nominal Focal Spot Size	Tube Target	Filter	Background Optical Density
				Tungsten	Aluminum	

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## TEST IMAGE DATA • CLINICAL IMAGES

Only submit "negative" (BI-RADS® Assessment Category 1) cases. Do not submit "benign" (Category 2) cases or "incomplete" (Category 0) cases. Images must be labeled with the MQSA-required identification information; this will be evaluated by the reviewer. Submit both fatty and dense cases for INITIAL, RENEWAL or REINSTATE accreditation. If you are REPEATING this test for a clinical accreditation deficiency, you must submit **both fatty and dense cases** performed after the date on your DEFICIENCY REPORT. For VALIDATION FILM CHECKS, you may submit cases of any density. After a validation film check clinical deficiency, only one case of any density is required.

1. Technical factors used for clinical images: please check one:  Fatty breast  Validation film check

Date of Exam	View	Compression Force	Compressed Breast Thickness	kVp	mA	Nominal Focal Spot Size	Tube Target	Filter
	Right CC	N	mm				Tungsten	Aluminum
	Left CC	N	mm				Tungsten	Aluminum
	Right MLO ____degrees oblique	N	mm				Tungsten	Aluminum
	Left MLO ____degrees oblique	N	mm				Tungsten	Aluminum

2. Technical factors used for clinical images: please check one:  Dense breast  Validation film check

Date of Exam	View	Compression Force	Compressed Breast Thickness	kVp	mA	Nominal Focal Spot Size	Tube Target	Filter
	Right CC	N	mm				Tungsten	Aluminum
	Left CC	N	mm				Tungsten	Aluminum
	Right MLO ____degrees oblique	N	mm				Tungsten	Aluminum
	Left MLO ____degrees oblique	N	mm				Tungsten	Aluminum

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