

Place
"Test Image Data Sheet"
label here.



1891 Preston White Drive, Reston, VA 20191-4397 Full-Field Digital • General Electric

**Mammography Accreditation Program
Test Image Data**

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: General Electric
3. Model name (check one): 2000D DS Essential
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: _____ ⁹⁸ 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 hardcopy 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 ¹ RMI Model 156 ² Nuclear Associates Model 18-220 ³ 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:

Phantom Exposure	Date	AOP Mode (circle one)	kVp	mAs (after exposure)	Nominal Focal Spot Size	Tube Target (circle one)	Filter (circle one)	Background Optical Density
AOP exposure for 4.00 cm acrylic plate image		CNT STD DOSE				Molybdenum	Molybdenum	*****
MANUAL exposure for ACR accreditation phantom image		*****				Rhodium	Rhodium	

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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	mAs (after exposure)	Nominal Focal Spot Size	Tube Target (circle one)	Filter (circle one)
	Right CC	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Left CC	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Right MLO ____degrees oblique	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Left MLO ____degrees oblique	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium

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	mAs (after exposure)	Nominal Focal Spot Size	Tube Target (circle one)	Filter (circle one)
	Right CC	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Left CC	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Right MLO ____degrees oblique	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium
	Left MLO ____degrees oblique	daN	cm				Molybdenum Rhodium	Molybdenum Rhodium

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