

Place  
"Test Image Data Sheet"  
label here.

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: Lorad
3. Model name: Selenia
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	AEC Mode (e.g., AUTO-KV or AUTO-FILTER; NA if manual)	kVp	Time (AEC: after exposure)	mAs (AEC: after exposure)	Nominal Focal Spot Size	Tube Target	Filter (circle one)	Background Optical Density
			sec			Molybdenum Tungsten	Molybdenum Rhodium Silver	

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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	Time (AEC: after exposure)	mAs (AEC: after exposure)	Nominal Focal Spot Size	Tube Target	Filter (circle one)
	Right CC	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Left CC	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Right MLO ____degrees oblique	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Left MLO ____degrees oblique	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver

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	Time (AEC: after exposure)	mAs (AEC: after exposure)	Nominal Focal Spot Size	Tube Target	Filter (circle one)
	Right CC	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Left CC	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Right MLO ____degrees oblique	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver
	Left MLO ____degrees oblique	lbs	cm		sec			Molybdenum Tungsten	Molybdenum Rhodium Silver

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