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

ACR™ AMERICAN COLLEGE OF RADIOLOGY 1891 Preston White Drive, Reston, VA 20191-4397

Mammography Accreditation Program
Test Image Data
Full-Field Digital • Siemens

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: *Siemens*
3. Model name: *MAMMOMAT Novation DR*
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 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 ☐ 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:

Date of Image	AEC Mode (e.g., H or D)	kVp	Time (after exposure)	mAs (after exposure)	Nominal Focal Spot Size	Tube Target (circle one)	Filter (circle one)	Background Optical Density
			sec			Molybdenum Tungsten	Molybdenum Rhodium	

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	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Left CC	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Right MLO _____degrees oblique	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Left MLO _____degrees oblique	kg	mm				Molybdenum Tungsten	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	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Left CC	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Right MLO _____degrees oblique	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium
	Left MLO _____degrees oblique	kg	mm				Molybdenum Tungsten	Molybdenum Rhodium