

MRAP ID No. \_\_\_\_\_

**PRIVILEGED and CONFIDENTIAL - PEER REVIEW**  
*Release or disclosure of this document is prohibited in accordance with Code of Virginia 8.01-581.17*

*Place Laser Printer QC label here.*

*This Laser Printer Attestation must be signed by the facility's supervising radiologist (lead interpreting physician). Original signatures are required. Please maintain a copy for your files. Submit this form with your testing materials.*

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**Magnetic Resonance Accreditation Program**  
**1891 Preston White Drive**  
**Reston, VA 20191**

**LASER PRINTER ATTESTATION**

ACR Unit # \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

*Check one:*

This facility does not, nor will it, have laser printer capabilities.

Please sign the statement below, and return this attestation to the ACR along with your testing materials **only if your facility does not have the capability of producing film.** Please reference the MR Program Overview. You may also fax it to (703) 295-6776.

**Having laser printer capability and not performing laser printer QC may jeopardize accreditation status.**

If you have any questions, please call Theresa Branham at (800) 770-0145.

\_\_\_\_\_  
Lead Interpreting Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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