



**Magnetic Resonance Imaging Accreditation Program  
Quality Assurance Questionnaire**

1891 Preston White Drive, Reston VA 20191-4397

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*Some questions on the application are asked for survey purposes only in an effort to analyze trends in the practice of magnetic resonance imaging. Your answers have no impact on the accreditation process. Only check one box per question.*

### Practice Data

1. Which of the following best describes where this practice is located? *check one*

- 1 Hospital - inpatient     
  3 Freestanding MRI center     
  5 Other \_\_\_\_\_  
 2 Hospital outpatient center     
  4 Radiology private office – multiple modalities

### Archival and Reporting Practices

1. How long are studies stored in any medium? *check one*

- 1 Less than 1 week     
  3 1 - 6 months     
  5 2-5 years  
 2 1 week - 1 month     
  4 6 months - 2 years     
  6 more than 5 years

### Policies and Procedures

1. What is your policy for film/image retention?

- 1 Less than 5 years     
  3 6-10 years     
  5 over 20 years     
  7 Lifetime of patient  
 2 5 years     
  4 11-20 years     
  6 Indefinitely     
  0 Not applicable

2. Are your reporting procedures in compliance with the *ACR Practice Guideline for Communication*?

- 1 No     
  2 Yes     
  0 Not applicable

3. Do you have a policy on report turn around time?

- 1 No     
  2 Yes     
  0 Not applicable

4. What is the average time from examination to final report being sent to referring physician?

- 1 Less than 12 hours     
  2 12-24 hours     
  3 24-72 hours     
  4 Greater than 72 hours     
  0 Not applicable

5. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?

- 1 No     
  2 Yes     
  0 Not applicable



18. Which individuals administer intravenous sedation? *check all that apply*
- |          |             |          |                            |                |
|----------|-------------|----------|----------------------------|----------------|
| A. _____ | Radiologist | C. _____ | Nurse/Physicians Assistant | E. Other _____ |
| B. _____ | Other M. D. | D. _____ | Technologist               |                |
19. Which individuals administer intramuscular sedation? *check all that apply*
- |          |             |          |                            |                |
|----------|-------------|----------|----------------------------|----------------|
| A. _____ | Radiologist | C. _____ | Nurse/Physicians Assistant | E. Other _____ |
| B. _____ | Other M. D. | D. _____ | Technologist               |                |
20. Which individuals administer oral sedation? *check all that apply*
- |          |             |          |                            |                |
|----------|-------------|----------|----------------------------|----------------|
| A. _____ | Radiologist | C. _____ | Nurse/Physicians Assistant | E. Other _____ |
| B. _____ | Other M. D. | D. _____ | Technologist               |                |
21. Which individuals administer intravenous contrast? *check all that apply*
- |          |             |          |                            |                |
|----------|-------------|----------|----------------------------|----------------|
| A. _____ | Radiologist | C. _____ | Nurse/Physicians Assistant | E. Other _____ |
| B. _____ | Other M. D. | D. _____ | Technologist               |                |
22. Do you have a written policy regarding interviewing and clearing the patient, health care providers, or others for intracranial aneurysm clips, metallic foreign bodies, and electronic devices such as pacemakers and cochlear implants? *check one*
- <sup>1</sup> No                       <sup>2</sup> Yes
23. Do you have signage limiting public access from your site's five gauss line? *check one*
- <sup>1</sup> No                       <sup>2</sup> Yes
24. Do you have a written policy regarding earplugs and their usage by patients and others in the scan room during MR imaging procedures? *check one*
- <sup>1</sup> No                       <sup>2</sup> Yes

## Quality Control

For each quality assurance task listed below, identify the individual at your facility who routinely performs the task and the frequency with which it is performed. Fill in the blank with appropriate letter(s) to indicate the individuals who routinely performs this task: P-Physicist/MR Scientist, R-Radiologist, T-Technologist, S-Service engineer. (Include all people who may perform task.) Check one box for each task to indicate the routine frequency at this facility. If any of the tasks are performed during installation only, please note this next to the applicable task. If your site has multiple magnets and the QC procedures vary for each magnet, then photocopy this section and complete it for each magnet.

### Frequency Routinely Performed

	Individual who routinely performs task	Frequency Routinely Performed						
		Not Done	Daily	Weekly	Monthly	Every 3 months	Every 6 months	Yearly
1. Signal-to-Noise Ratio (Head Coil)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. Signal-to-Noise Ratio (Body Coil)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. Signal-to-Noise Ratio (Surface Coil)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. Central Resonant Frequency	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. Image Uniformity	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6. Spatial Linearity (Distance Accuracy)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7. Slice Location Accuracy	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8. Slice Thickness	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9. Limiting Spatial Resolution	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
10. Artifacts and Ghost Intensity	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
11. Low Contrast Perceptibility	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
12. Magnetic Field Homogeneity	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
13. Eddy Current Compensation	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
14. Camera Gray Scale Accuracy	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
15. Processor Sensitometry	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
16. Cryogen Level	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
17. Chemical Shift Artifacts	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7