



2011 For ACR Accreditation Applicants

To avoid delay follow the below instructions:

- Use one form for each scanner. Be sure to sign in the Signature section, even if a credit card is not being used for payment purposes.
- Include a clear copy of your ACR barcode label on a separate sheet.
- Provide separate media for each phantom and each clinical submission. All clinical studies for one scanner submission may be on one piece of media if appropriate. BMRAPs, Cancer and Negative studies should be on separate pieces of media. Label all media with the institution, ACR #, and clinical or phantom. If you submit a MOD the phantom may be on one side the clinical studies on the other. Label clearly.
- Send your media, a legible copy of your ACR barcode label for each data set, your payment, and this completed form (2 pages) to DesAcc via a carrier that provides a tracking number.
- DesAcc will send back to you your original media and CD-ROM(s) containing your data. The data has been converted into DICOM for standardization purposes. You should review the CD(s) prior to submitting them for Accreditation.

Return Address Materials will be returned only to the following address:

Contact Information as it appears on credit card statement

2011 Data Conversion Order Form

Contact Name	BMRAP/CTAP/MRAP/NMAP/UAP No. and Unit No.	Modality Breast / CT / MR / NM / US
Organization/Site Name for CD Label		
Telephone	E-Mail (Print clearly in order to receive progress updates)	

Study Information Please complete this section in its entirety

Scanner Mfg.	
Scanner Model #	
Scanner Serial #	
Phantom Study Date	
Clinical 1 Study Date	
Clinical 2 Study Date	
Clinical 3 Study Date	
Clinical 4 Study Date	
Clinical 5 Study Date	

Payment Terms

Check made payable to DesAcc, Inc. enclosed

Charge the proper amount to my Credit Card:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Number _____

Expiration Date ____ / ____ Card ID#* _____

*Card ID# : For Visa, Mastercard, and Discover users, this is the 3 digit number located on the back of your card at the top of the signature strip. For American Express users, the 4 digit number can be found on the front of your card.

AMEX MC VISA DISCOVER

Order Information (Per-scanner)

	Price	Total
CT/MR/NM/PET Phantom Media Conversion	\$300	
CT/MR/NM/PET Clinical Media Conversion	\$300	
CT/MR/NM/PET Phantom and Clinical Conversion	\$475	
Ultrasound Clinical Media Conversion	\$300	
Breast MR Clinical Media Conversion	\$425	
<i>Either:</i> Standard 5 Day Service & 3 Day Shipping	\$30	
<i>Or:</i> Expedited 48hr Service & 1 Day Shipping:		
1 Clinical or 1 Phantom data set	\$125	
1 Clinical and Phantom data set	\$250	
Additional CD's For Your Records	\$30	
Sales Tax ¹ (INDIANA only; 7% for non-exempt organizations)		

Total

¹ If you are an Indiana customer and are exempt from sales tax, please include a certificate of status and an exemption# with your order.

Price includes all CD's that you need to submit to ACR for Accreditation. We return the exact number of media required by the ACR for your submission.

Please allow 8 business days to receive non-expedited orders.

Signature

Covered Entities that place data conversion orders with DesAcc, Inc. agree to and understand DesAcc will assume the HIPAA defined role of a Business Associate. DesAcc's standard Business Associate Agreement can be found at <http://www.desacc.com/services/index.html>.

TERMS: DesAcc expressly excludes liability for any indirect, specific, incidental or consequential loss or damage, or loss of profit, business or revenue, which may arise in respect of this service. Your exclusive remedy and DesAcc's entire liability shall be limited to the total cost of this service agreement.

AUTHORIZED SIGNATURE REQUIRED

_____ I accept the TERMS and authorize DesAcc to fulfill this order Date _____

Submit Order To

DesAcc, Inc
 650 Cherry St., Suite 003D
 Terre Haute, IN 47809
 Tel/Fax: (866) 638-0936
 URL: <http://www.desacc.com>
 E-mail: misb@desacc.com

