

Addendum to Participation Agreement for Data Submission to the ACR National Radiology Data Registry

This Agreement is made on _____ (date), between the American College of Radiology (ACR) and _____ (“Participant”).

The Participant has a fully executed Participation Agreement with the ACR National Radiology Data Registry (NRDR). In addition, the Participant would like to submit data as indicated below (please check and initial all that apply):

- CTC: Participant will submit a case record on each patient who receives a CT colonography at Participant’s facility.
- GRID: Participant will submit annual data as indicated on the GRID Facility form. Participant will also submit monthly data as indicated on the GRID Monthly Data by Facility form, or submit exam-level data through the GRID data file upload process, or both.
- NMD: Participant will submit a case record on each patient who receives a mammogram at Participant’s facility.
- DIR: Participant agrees to allow the DICOM Structured Report or equivalent dose information for each exam type checked below to be transmitted from Participant’s facility to ACR. Personal Health Information included in the Structured Report will be anonymized. Only the anonymized data will be included in the transmission.
 - CT
 - CR/DR
 - Fluoro
- NRDR PQRS measures database: Participant will submit one record for each exam that is eligible for a PQRS measure. Available measures and data element definitions for PQRS measures are updated annually by the Centers for Medicare and Medicaid Services (CMS). NRDR will update its list of measures and data elements annually following CMS announcements.
- LCSR: Participant will submit one record for each lung cancer screening CT exam, as well as any available follow-up information. Patients’ personally identifiable information will be masked and not visible to ACR staff. If Participant uses LCSR for Medicare reimbursement, Participant agrees that certain fields on Medicare patients (for example, NPI, patient ID, and date of exam) may be sent to CMS for validation, and that Participant’s name will be posted on the ACR website for patients’ reference.
- IR: Participant will submit one record for each IR exam, as well as any available follow-up information. Limited patient personally identifiable information will be collected. Personally identifiable information will be masked and not visible to ACR staff.

This Agreement incorporates the terms and conditions listed in the Participation Agreement.

This Addendum to Participation Agreement applies to the following facilities*:

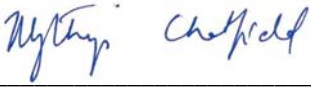
Facility ID**	Facility Name

* This information must be provided before the addendum can be processed.

**Facility ID available upon registration at nrd@acr.org.

AMERICAN COLLEGE OF RADIOLOGY

Date: 5/2/2016

By: 

Name: Mythreyi Bhargavan-Chatfield, PhD

Title: Executive Vice President for Quality and Safety

PARTICIPANT

Date: _____

By: _____(Signature)

Name: _____

Title: _____

Please return the properly executed Addendum to:

Mail

National Radiology Data Registry
American College of Radiology
1891 Preston White Drive
Reston, VA 20191
USA

OR EMAIL

nrd@acr.org