Please follow all instructions carefully.

**General Instructions**

The mailed labels, if submitting film or CDs, show when your testing materials are due to the ACR. Failure to meet this due date will jeopardize completion of your accreditation. If your facility is renewing its accreditation, we cannot guarantee completion before your ACR certificate expires.

Please read and understand the documents listed below before beginning this process:

- A. Diagnostic Modality Accreditation Program Overview
- B. Ultrasound Accreditation Program Requirements

**You will need the following items from the ACR website (www.acr.org/accreditation):**

1. This Ultrasound Testing Instructions Document
2. Ultrasound Quality Assurance Questionnaire
3. Evaluation Attributes

**You will also need these items (sent to you by mail):**
- Bar coded identification labels for all film or CD images and requested documents.

ACR staff is available Monday through Friday, from 8:30a.m. to 5:00 p.m. (ET), to answer any questions you may have about the process. The telephone number is **800-770-0145**, and the email address is ultrasound-accred@acr.org.

The ACR Web site (www.acr.org) has frequently asked questions (FAQ’s) for all accreditation programs under the Accreditation menu. The ACR Appropriateness Criteria and Practice Guidelines and Technical Standards can also be accessed from this site under the Quality and Patient Safety menu.

Facilities must apply for all modules routinely performed at that site in order to be accredited. Keep all documents for your records and keep copies of everything you submit to the ACR for your records.

After your application is processed, the ACR assigns your facility a unique identification number (**UAP #**). This number appears on all correspondence from the ACR, your online records and on all of the barcode labels. Please use this number on all submitted materials and to identify your facility when contacting the ACR for assistance.

The ACR website (www.acr.org) provides a listing of accredited facilities and facilities that have applied for accreditation and are under review. If a third party payer requests verification of your participation in one of the accreditation programs, please refer them to the ACR website.

**Materials due date:**

The barcode labels mailed to you have image submission due dates. You must collect your test images and return them with your completed application to the ACR by the date indicated on the labels. Failure to meet this due date will jeopardize completion of your accreditation. Thus, if your facility is renewing its accreditation, we cannot guarantee completion in a timely fashion before your ACR certificate expires. If your site cannot submit the required materials by your due date, notify the ACR immediately.
**Image collection time period for clinical images:**

No images will be accepted for review that predate the application by more than six months.

**Online Application**

The application for ACR Ultrasound Accreditation is found online through the ACR website (www.acr.org). After you submit your application online, you must log into your account, and fill out the forms for your Testing Package. You may print generic forms from the Ultrasound Accreditation section of the ACR website so you can fill them out online later, but the data must be submitted online.

**Clinical Image Testing Instructions**

Each set of ultrasound examinations will be evaluated for:

- Technique parameters
- Anatomic coverage and display
- Exam identification (All information annotated on clinical examinations will be kept confidential by the ACR.)

Clinical images should represent your facility’s standard exam protocols. However, please refer to the enclosed *Evaluation Attributes Document* for additional guidance. In the initial application, your facility selected the exams that you will submit from each module for accreditation. Please refer to the barcode labels provided for the exams that your facility selected.

The following identifying demographic data should be displayed on each image:

- First and last name
- Medical record number
- Institution name
- Date and time of examination
- Date of birth or age
- Type of examination

Adding the technologist’s identification number, name, or initials to at least one image of the examination is recommended.

**Clinical Image Checklist:**

1. Clinical images for Obstetrical, Gynecological, General, Vascular and Pediatric Accreditation should be normal exams.
2. Each study submitted must be obtained from a different patient.
3. Do not submit post-surgical studies. Please refer to the Evaluation Attributes for requirements. All anatomy listed is required.
4. Gynecological accreditation requires two complete female pelvis exams from two different patients. At least one exam out of the two must include an endovaginal study. **DO NOT SUBMIT A FEMALE PELVIC STUDY WITH AN INTRAUTERINE DEVICE (IUD).**
5. All views of an US examination must be from an examination performed on the same patient and all images obtained must be submitted.
6. Vascular accreditation requires one normal case be submitted for each examination type chosen.
7. OB submission
   i. All three trimesters: 1 from each trimester
   ii. Combination of two trimesters: 2 exams required, 1 from each trimester
iii. One Trimester only – 2 exams required, (if 1st trimester, both must be endovaginal)
8. Clinical images should be accompanied by the physician report to confirm the date of the examination and must include diagnostic physiologic and anatomic findings for all vascular exams. **DO NOT SEND CINES OR VIDEOS, THEY WILL BE RETURNED.**
9. Images should be original or near-original quality copies. Clinical images submitted will be returned upon completion of the accreditation process.
10. Clinical Images should represent current practice and No images will be accepted for review that predate the application by more than six months.
11. All testing materials must be submitted to the ACR within **45 calendar days** from the date sent or the application will be made inactive. If you have difficulties meeting this deadline, please contact the ACR.

**REMEMBER:**

1. REVIEWERS ASSUME THAT ALL IMAGES SUBMITTED ARE EXAMPLES OF YOUR BEST WORK. IMAGES WILL BE JUDGED ACCORDINGLY.
2. WHENEVER POSSIBLE, SUBMIT NORMAL ULTRASOUND EXAMS; HOWEVER, EXAMS WITH MINIMAL PATHOLOGY MAY BE SUBMITTED IF NO HIGH QUALITY NORMAL STUDIES ARE AVAILABLE.
3. THE APPROPRIATE BARCODE LABEL MUST BE ON ALL IMAGES AND DOCUMENTS (FOR CDs, SEE INSTRUCTIONS BELOW).
4. THE SUPERVISING ULTRASOUND PHYSICIAN SHOULD REVIEW AND APPROVE ALL CLINICAL IMAGES BEFORE THEY ARE SUBMITTED.
5. DO NOT SUBMIT IMAGES FROM MODELS OR VOLUNTEERS!

**IMPORTANT**

***If you decide to change the type of exam you will be submitting, you must notify the ACR for new labels to replace that exam. All submissions will be returned if notification did not occur. ***

**Additional Required Paperwork**

1. One **“Quality Assurance (QA) Questionnaire”** will be completed online.
2. A physician’s report, with the corresponding bar-coded label, must be submitted for each exam.
3. If you are submitting by CD or film, include a hard copy of the physician's report with your images.
4. For vascular exams, sites must include diagnostic and physiologic criteria for interpretation with their clinical exam submission. Diagnostic criteria should consist of a brief summary of the criteria the physician(s) at the facility use to determine normal vs. abnormal exams. For Duplex carotid exams the velocity table should be included.

**Ultrasound Equipment Quality Control**

A quality control (QC) program must be in place for each scanner in the facility. The QC program must be directed by a medical physicist or by the supervising radiologist or physician who may appoint an appropriate designee to oversee the program.


The Equipment Evaluation Summary Form, found at the link below, may be used to document that testing has been performed: [http://www.acraccreditation.org/~/media/ACRAccreditation/Documents/Ultrasound/Equipment-Evaluation-Summary.pdf?la=en](http://www.acraccreditation.org/~/media/ACRAccreditation/Documents/Ultrasound/Equipment-Evaluation-Summary.pdf?la=en)
Instructions for CD, Film and Electronic Submission

You may submit your clinical images on 5 ¼" CD.

Submit two (2) CD-ROMs that are identical (each CD contains all of the clinical examinations listed on your application). This means that CD1 patient exams must be the same as the patient exams on CD2. We send the CDs out simultaneously to two reviewers to shorten the turnaround time for your final report.

Because of the difficulties experienced with some viewers, the preferred format for submission of images on CD are JPG, GIF, BITMAP or TIF file format. CINE LOOPS ARE NOT ACCEPTABLE. MPEG VIEWER IS NOT ACCEPTABLE.

Alternatively, images may be submitted on CDs with an embedded viewer. The embedded viewer must include the following functions:
1. window/level
2. magnification

The following scan protocol attributes for exams should be displayed on each image:
- First and last name
- Medical record number
- Institution name
- Date and time of examination
- Date-of-birth or age
- Type of examination
- Images labeled properly

***Because there are many different viewers available, we request that you send instructions for opening. ***

IMPORTANT: It is imperative that you test the CDs on a different computer than the one that they were burned on. Each CD should be viewed to ensure that all images have been included and that all of the pertinent information, including labeling, has been transferred over. Failure to review these CDs may result in a significant delay of the review process or failure of accreditation.

Electronic Submission of Images:

If you selected to submit electronically, please follow the ACR Accreditation Electronic Submission Instructions available on the www.acr.org website:


Labeling Instructions

Please take care in following these instructions: The correct labeling of your images (CD or hard copy films) is critical to the proper identification of the materials submitted. Incorrect or incomplete labeling can delay the accreditation process. The ACR will return your package to you if your images are not labeled properly. This will delay the accreditation process.
If you are submitting your clinical images on hard copy film, you may have more labels than you need. If you damage a label, use the next label in the series for that examination type. Please do not place labels over anatomic structures. **Do not alter barcode labels in any way.** If you are submitting clinical images on hard copy film, and run out of barcode labels, use the additional image labels included in this package. Do not make copies of the existing barcode labels. Use one label per film. You must fill in all the blanks on each label. Retain a copy of the completed label sheet with the blanks filled in for your records. If you need additional labels, please contact the ACR.

Label all documents, CD-ROM cases (**do not apply labels to your CD’s**) and/or films submitted with the corresponding label. **Do not submit CDs, films or documents without labeling.**

**Hard Copy submission of Clinical Images:**

A. Place one barcode label on each sheet of film of the examination.

B. Place each examination in its own film jacket. You will have separate jackets for each examination.

C. Place the appropriately labeled physician report and, if vascular exams, the appropriate diagnostic criteria in the film jacket.

**CD Submission of Clinical Images:**

Use one CD-ROM for every 2 modules. Place the barcode labels for each exam on the **jewel case** of each clinical CD-ROM. Place the “CD1” labels on the first CD, and put the “CD2” labels on the second CD. **Do not put labels on the CD-ROM.** You MUST label the CD with a permanent marker (CD # and UAP#) if your facility does not have the ability to label it with a CD compatible label.

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**Bar-coded labels**

| OB 1st Trimester CD1 | Upper Abdominal CD1 |
| OB 2nd Trimester CD1 | Renal/Urinary CD1 |
| OB 3rd Trimester CD1 | Carotid CD1 |
| Female Pelvis 1 CD1 | Aorta & Branches CD1 |
| Female Pelvis 2 CD1 | Renal Artery CD1 |

**CD-1 (Front)**

**CD-1 (Back)**

| OB 1st Trimester CD2 | Upper Abdominal CD2 |
| OB 2nd Trimester CD2 | Renal/Urinary CD2 |
| OB 3rd Trimester CD2 | Carotid CD2 |
| Female Pelvis 1 CD2 | Aorta & Branches CD2 |
| Female Pelvis 2 CD2 | Renal Artery CD2 |

**CD-2 (Front)**

**CD-2 (Back)**
Place one copy of the physician report and diagnostic criteria, if applicable, for each examination with each clinical image CD.

*Failure to provide the additional copies will significantly delay the review process for your facility.*

### Mailing Instructions

A. Send all images and paperwork to:

   Ultrasound Accreditation  
   American College of Radiology  
   1891 Preston White Drive  
   Reston, VA 20191-4397

B. Please note that your accreditation submission contains HIPAA data, so we strongly recommend that you send your submission via a traceable method with a signature required for delivery.

The images will be returned once the accreditation evaluation is complete. However, it is strongly recommended that you maintain copies of all images submitted to the ACR as a record of clinical images that were submitted for accreditation purposes.