

Do NOT Submit
"Test Image Data Sheet"
Use Only for a reference



Breast Ultrasound Accreditation Program
1891 Preston White Drive, Reston, VA 20191-4397

Test Image Data

This form is used to record the technical factors used for the clinical images.

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GENERAL

Name of person completing this form _____ Date () _____ Phone

SIMPLE CYST IMAGES

1. Technical factors

a. Who performed the breast ultrasound examination? ¹ Physician ² Sonographer ³ Mammography technologist

2. Ultrasound unit

a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Cyst must be visible and clearly circled on both mammograms.

SOLID MASS IMAGES

1. Technical factors

a. Who performed the breast ultrasound examination? ¹ Physician ² Sonographer ³ Mammography technologist

2. Ultrasound unit

a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.

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ULTRASOUND-GUIDED BREAST BIOPSY MODULE • GENERAL

Check which option you are applying for and complete the appropriate section(s) below:

- Core needle biopsy (CNB) for facilities that perform **only** CNB
 Fine needle aspiration cytology (FNAC) for facilities that perform **only** FNAC of breast masses
 CNB and FNAC for facilities that perform **both** types of biopsy procedures

Only submit images from a solid mass for FNAC; do NOT submit images from cyst aspirations or axillary lymph nodes.

CORE NEEDLE BIOPSY (CNB) IMAGES

1. Technical factors

- a. Who performed the pre-biopsy sonogram? ¹ Physician ² Sonographer ³ Mammography technologist
b. Biopsy device used: Manufacturer _____ Used in fire mode Used in non-fire mode
c. Throw length _____ mm (if used in fire mode)
d. Biopsy needle: Gauge _____ Length _____ mm
e. Tissue collection chamber length _____ mm
f. Number of cores taken: _____

2. Ultrasound unit

- a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

- a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) IMAGES

1. Technical factors

- a. Who performed the pre-biopsy sonogram? ¹ Physician ² Sonographer ³ Mammography technologist
b. Biopsy needle: Gauge _____ Length _____ mm
c. Coaxial system: *check one* ¹ No ² Yes
d. Number of passes: _____

2. Ultrasound unit

- a. Transducer frequency: _____ MHz
b. Array design: Linear Curved linear Other _____
c. Manufacturer: _____
d. Model name: _____ Serial number: _____ Year manufactured: _____

3. Recording system

- a. Type of recording system: *check one* ¹ Film ² Paper ⁵ Digital storage

Mass must be visible and clearly circled on both mammograms.