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

**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.**
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.