June 2019

Declaration of Material Change

Due to inability to obtain previously used material, JM Specialty Parts, the designated ACR MR phantom vendor, has begun using a different material for the Slice 5 insert. Although the insert design and material have changed, there is no impact on the current scanning requirements. The MR physics subcommittee tested and approved the material. It will be used in the manufacture of all new phantoms. If you possess a phantom with the old slice 5 insert, it is acceptable to use.
ORDER FORM FOR THE LARGE MRI ACCREDITATION PHANTOM
J.M. Specialty Parts Item: ACR-PH1
For Scanners Designed for Full Body Examinations
Dimensions: 8” Diameter, 6-3/4” Cylinder Length, 7-1/4” Length with Level Bar

Notice:
• Returns are subject to a $200 restock fee and your facility pays the overnight return shipping.

In order to process your phantom order in a timely manner please complete all of the following.
1 – Complete the Phantom Order Form for each address you would like a phantom shipped to.
   (Lower portion of this sheet) Please supply all information.
2 – Payment: **California sites add local sales tax.**
   Purchase orders are not accepted.
   Discount Price: Check, paid to J.M. Specialty Parts, Inc. for $1,295.00 USD.
   Next day air shipping and handling is included inside the 48 contiguous states only.
   The fee for returned checks is $20.00
   **OR**
   Full Price: MasterCard, Visa, and Discover (NO Amex) $1,345.00 USD.
   accepted from USA and territories only.
3 – Send completed order form and check to:
   J.M. Specialty Parts, Inc.
   11525 Sorrento Valley Rd.  OR  Fax or e-mail completed order form
   Suite – B
   San Diego, CA  92121  and completed credit card authorization to:
   OR
   Fax 858-704-4959
   Email: customerservice@jmspecialtyparts.com

Your ID Number from ACR: MRAP ____________________________
• If ACR has not assigned your MRAP number then leave this line blank and call J.M. Specialty
  Parts later when you receive your number.
• If you are not applying for accreditation, indicate the purpose (resale, research) of your phantom
  purchase.

REQUIRED INFORMATION:
Facility Name and Shipping Address as it should appear on the shipping label: **NO P.O. Boxes**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name of Contact Person: __________________________________________
Phone: ___________________  Fax: ___________________
E-mail:_______________________________

**Outside the 48 Contiguous United States** (and all other countries), **shipping is not included.**

Your Shipping Company’s Name: ________________________________
Your Billable Account Number:
The shipping company (FedEx, UPS, DHL) will bill you for shipping, customs, VAT and any other import cost.
• For a quote on prepaid shipping cost, fax or email a copy of your completed phantom order form. Specify the
  items to be on the quote (phantom and shipping, shipping only) and the reply method, fax or e-mail.
Fax: 858-704-4959  Email: customerservice@jmspecialtyparts.com

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