

*For Facility Use Only
Do NOT Submit This Form to ACR*



1891 Preston White Drive, Reston, VA 20191-4397

Mammography Accreditation Program Test Image Data

Please print or type. This form is used to record the technical factors used for the phantom and clinical images. Complete a separate form for each mammography unit being evaluated. All information on this sheet must be accurate and complete.

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Code of Virginia 8.01-581.17

Person completing form: _____

Telephone: (____) _____ Date: _____

SYSTEM IDENTIFICATION

Mammography unit room #: _____ Mammography unit manufacturer: _____

Mammography unit model name: _____ Year manufactured: _____

Computed radiography manufacturer (FFDM-CR only): _____ Computed radiography model (FFDM-CR only): _____

Primary interpretations are from (FFDM only) check one: screen-film full-filed digital digital breast tomosynthesis

Primary interpretations are from (FFDM only) check one: soft copy hard copy

REVIEW WORKSTATION (FFDM only)

Manufacturer: _____ Model: _____

LASER FILM PRINTER (FFDM only)

Manufacturer: _____ Model: _____

If hard copy printed by third party, identify party. Otherwise, please enter NA: _____

SCREEN-FILM PROCESSOR (screen-film only)

Screen manufacturer and type: _____ Film manufacturer and type: _____

Film processor manufacturer: _____ Film processor model: _____

Total processor cycle time: _____ seconds Developer temperature: _____ ° Fahrenheit

Chemistry manufacturer: _____

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PHANTOM IMAGE

Phantom: ACR Mammography Phantom (small) ACR Digital Mammography Phantom (for 2016 ACR Digital Mammography QC Manual)

Phantom Manufacturer and Model: _____

Phantom serial number (on side of phantom) _____ Wax insert serial number (appears on image): _____

Phantom image background optical density (only if submitting on film): _____

Technical factors used to produce the phantom image (circle appropriate choices; indicate "NA" if not applicable):

Phantom Exposure	Date	AEC Mode	kVp	Time (after exposure)	mAs (after exposure)	Nominal Focal Spot	Tube Target	Filter
AEC Manual				sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)

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CLINICAL IMAGES

Only submit cases from actual patients that have been formally interpreted as "negative" (BI-RADS® Assessment Category 1). Do not submit "benign" (Category 2) or "incomplete" (Category 0) cases. Images must be labeled with the MQSA-required identification information; this will be evaluated by the reviewer.

- Submit both fatty and dense cases for INITIAL, RENEWAL or REINSTATE accreditation.
- If you are REPEATING this test for a clinical accreditation deficiency, you must submit both fatty and dense cases performed after the date on your DEFICIENCY REPORT.
- For VALIDATION IMAGE CHECKS, you may submit cases of any density. After a validation film check clinical deficiency, only one case of any density is required.

Technical factors (circle appropriate choices; indicate "NA" if not applicable):

Fatty breast Validation film check

Date of Exam	View	Compression Force	Compressed Breast Thickness	kVp	Time (after exposure)	mAs	Nominal Focal Spot	Tube Target	Filter
	Right CC	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Left CC	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Right MLO ____degrees oblique	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Left MLO ____degrees oblique	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)

Dense breast Validation film check

Date of Exam	View	Compression Force	Compressed Breast Thickness	kVp	Time (after exposure)	mAs	Nominal Focal Spot	Tube Target	Filter
	Right CC	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Left CC	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Right MLO ____degrees oblique	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)
	Left MLO ____degrees oblique	lb daN N kg	cm mm		sec msec		mm	Molybdenum (Mo) Rhodium (Rh) Tungsten (W)	Molybdenum (Mo) Rhodium (Rh) Aluminum (Al) Silver (Ag)

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