

Localization Accuracy Test Stereotactic Breast Biopsy Quality Control

Site: _____

Room: _____ Year: _____

Month													
Date													
Performed by													

Preset Specified Location	X or Horizontal Angle												
	Y or Vertical Angle												
	Z or Depth												

Location Determined (Indicated) By System	X or Horizontal Angle												
	Y or Vertical Angle												
	Z or Depth												

Difference Indicated Location Minus Preset Location	X or Horizontal Angle Difference												
	Y or Vertical Angle Difference												
	Z or Depth difference												

Accuracy Test	Pass/Fail												
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Date:

Action:

Figure 2. Localization accuracy test data sheet