

Do NOT Submit
"Test Image Data Sheet"
 Use only as a reference



1891 Preston White Drive, Reston, VA 20191-4397

Stereotactic Breast Biopsy Accreditation Program
Test Image Data

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

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TEST IMAGE DATA • SYSTEM IDENTIFICATION

1. Type of Unit: Add-on Prone table
2. Stereotactic unit room #: _____
3. Stereotactic unit manufacturer: _____
4. Model name: _____
5. Year manufactured: _____
6. Serial number: _____
7. Type of recording system: *check one.* Screen-film Digital: on film Digital: on CD (*pilot project only*)
8. Processor manufacturer: _____
9. Model: _____
10. Chemistry manufacturer: _____
11. Total processor cycle time: *enter a number* _____ seconds
12. Developer temperature: *enter a number* _____ ° Fahrenheit
13. If hard copy printed by third party, identify party and type of printer: _____
14. Screen (manufacturer and type): _____
15. Film (manufacturer and type): _____
16. Person completing this form: _____
17. Telephone: (____) _____
18. Date: _____

TEST IMAGE DATA • PHANTOM IMAGE

1. Phantom manufacturer and model:
 RMI Model 156 Nuclear Associates Model 18-220 CIRS Model 015 Nuclear Associates Model 18-250 (mini)
 (a) Wax insert serial number (*appears on image*) _____ (b) Phantom serial number (*on side of phantom*) _____
2. Technique factors used to produce the phantom image: *if not available, indicate "NA"*

Test	Date	AEC Mode (e.g., AA, etc.)	kVp	Time (after exposure)	mAs (after exposure)	Nominal Focal Spot Size	Tube Target (circle one)	Filter (circle one)	Matrix used (circle one)
Phantom				sec			Molybdenum	Molybdenum	512
							Rhodium	Rhodium	1024
							Tungsten		

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