**BUAP Forms: Breast Ultrasound Cyst Exam Data Form**

**Application Cycle:**

**Breast Ultrasound Cyst Exam Data Form**

 **Breast Ultrasound Accreditation Program**

**1891 Preston White Drive Cyst Test Image Data**

**Reston, VA 20191-4326**

*The simple cyst must be visible on both mammogram views and must be clearly marked (e.g., digitally annotated, or circled with a wax pencil). If this is not done, your facility will fail accreditation.*

**BUAP#:**

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**BREAST ULTRASOUND • GENERAL**

Date of Correlating mammogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Sonogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIMPLE CYST IMAGES**

*Important: Cyst must be visible and clearly circled on both mammogram images.*

**A. ULTRASOUND UNIT**

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Transducer frequency:**

 Single Frequency: \_\_\_\_\_\_\_\_\_\_\_\_MHz

Frequency range: \_\_\_\_\_\_\_\_\_\_\_\_MHz to \_\_\_\_\_\_\_\_\_\_\_\_MHz

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**BUAP Forms: Breast Ultrasound Solid Mass Exam Data Form**

**Application Cycle:**

**Breast Ultrasound Solid Mass Exam Data Form**

 **Breast Ultrasound Accreditation Program**

**1891 Preston White Drive Solid Test Image Data**

**Reston, VA 20191-4326**

*The mass must be visible on both mammogram views and must be clearly marked (e.g., digitally annotated, or circled with a wax pencil). If this is not done, your facility will fail accreditation.*

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**BREAST ULTRASOUND • GENERAL**

Date of Correlating mammogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Sonogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOLID MASS IMAGES**

*Important: Mass must be visible and clearly circled on both mammogram images.*

**A. ULTRASOUND UNIT**

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Transducer frequency:**

Single Frequency: \_\_\_\_\_\_\_\_\_\_\_\_MHz

Frequency range: \_\_\_\_\_\_\_\_\_\_\_\_MHz to \_\_\_\_\_\_\_\_\_\_\_\_MHz

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**BUAP Forms: CNB Exam Data Form**

**Application Cycle:**

**CNB Exam Data Form**

 **Breast Ultrasound Accreditation Program**

**1891 Preston White Drive Core Needle Biopsy Test Image Data**

**Reston, VA 20191-4326**

*The mass must be visible on both mammogram views and must be clearly marked (e.g., digitally annotated, or circled with a wax pencil). If this is not done, your facility will fail accreditation.*

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**BREAST ULTRASOUND • GENERAL**

Date of Correlating mammogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Sonogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORE NEEDLE BIOPSY (CNB) IMAGES**

**A. TECHNICAL FACTORS**

**1. Biopsy device used:**

 Used in fire mode

Used in non-fire mode

Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacuum

Spring loaded

**2. Biopsy needle:**

Gauge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  mm  cm

*Important: Mass must be visible and clearly circled on both mammogram images.*

**B. ULTRASOUND UNIT**

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Transducer frequency:**

Single Frequency: \_\_\_\_\_\_\_\_\_\_\_\_MHz

Frequency range: \_\_\_\_\_\_\_\_\_\_\_\_MHz to \_\_\_\_\_\_\_\_\_\_\_\_MHz

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**BUAP Forms: FNAC Exam Data Form**

**Application Cycle:**

**FNAC Exam Data Form**

 **Breast Ultrasound Accreditation Program**

**1891 Preston White Drive FNAC Test Image Data**

**Reston, VA 20191-4326**

*The mass must be visible on both mammogram views and must be clearly marked (e.g., digitally annotated, or circled with a wax pencil). If this is not done, your facility will fail accreditation.*

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**BREAST ULTRASOUND • GENERAL**

Date of Correlating mammogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Sonogram examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) IMAGES**

**A. TECHNICAL FACTORS**

**1. Biopsy needle:**

Gauge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Important: Mass must be visible and clearly circled on both mammogram images. Do not submit Cyst Aspiration or Axillary Lymph Nodes.*

**B. ULTRASOUND UNIT**

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Transducer frequency:**

Single Frequency: \_\_\_\_\_\_\_\_\_\_\_\_MHz

Frequency range: \_\_\_\_\_\_\_\_\_\_\_\_MHz to \_\_\_\_\_\_\_\_\_\_\_\_MHz

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