|  |  |
| --- | --- |
|  |  Mammography Accreditation Program **Test Image Data**1891 Preston White Drive, Reston, VA 20191-4397  |

|  |
| --- |
| This form is used to record the technical factors used for the phantom. 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**

# SYSTEM IDENTIFICATION

**Mammography unit room #: Mammography unit manufacturer:**

**Mammography unit model name:**  **Year manufactured:**

**Computed radiography manufacturer** (CR only)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Computed radiography model** (CR only)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# PHANTOM IMAGE

**Phantom type:** [ ]  Original ACR Phantom (4 inch square phantom)         [ ]  ACR Digital Phantom (12 x 7.5 inch rectangular phantom)

**Original ACR Phantom:** [ ]  Gammex (Sun Nuclear) Model 156 [ ]  Fluke Biomedical Model 18-220 [ ]  CIRS Model 015

**ACR Digital Phantom manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phantom model: \_\_\_\_\_\_\_\_**

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

**Phantom image background optical density (film submissions only):**

**Technical factors used to produce the phantom image:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phantom Exposure** | **Date** | **AECMode** | **kVp** | **Time***(after exposure)* | **mAs***(after exposure)* | **Nominal Focal Spot**  | **Tube Target** | **Filter** |
| [ ]  AEC[ ]  Manual |  |  |  | secmsec |  | mm | Molybdenum (Mo)Rhodium (Rh)Tungsten (W) | Molybdenum (Mo)Rhodium (Rh)Aluminum (Al)Silver (Ag) |