

<b>1. Facility number</b>		(auto filled)				
<b>2. Physician</b>						
<b>3. Month / year to which form applies</b>		____/____ (mm/yyyy)				
<b>4. Process measures</b>						
Number of digital radiography images						_____
Number of digital radiography images that had to be repeated and resulted in additional exposure to the patient						_____
Report turnaround time (time from when exam was completed until final report was signed)	Number of exams completed this month	Number of exams with report signed < 12 hours later	Number of exams with report signed ≥ 12 hours and < 24 hours later	Number of exams with report signed ≥ 24 hours and < 48 hours later	Number of exams with report signed ≥ 24 hours and < 48 hours later	Mean report turnaround time in hours
Radiography	_____	_____	_____	_____	_____	_____
Ultrasound (excluding breast ultrasound)	_____	_____	_____	_____	_____	_____
MRI	_____	_____	_____	_____	_____	_____
CT	_____	_____	_____	_____	_____	_____
PET	_____	_____	_____	_____	_____	_____
<b>5. Outcomes</b>					<b>Number</b>	
Liver biopsies performed by radiologist					_____	
Liver biopsies performed by radiologist reported as non-diagnostic					_____	
Lung biopsies performed by radiologist					_____	
Lung biopsies performed by radiologist reported as non-diagnostic					_____	
Lung biopsies performed by radiologist resulting in pneumothorax requiring chest tube					_____	
Stereotactic breast biopsies performed					_____	
Stereotactic breast biopsies performed which were non-concordant with imaging findings					_____	
<b>6. Name of person who completed this paper form</b>						
Last name	_____					
First name	_____					