

Please note: Fields within bold borders are required for both "green" and "gold" participants. Fields outside bold borders should be entered by "gold" participants only.

1. Facility number					(auto filled)
2. Physician					
3. Month / year to which form applies					____/____ (mm/yyyy)
4. Process measures					
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	Mean report turnaround time in hours
Radiography	_____	_____	_____	_____	_____
Ultrasound (excluding breast ultrasound)	_____	_____	_____	_____	_____
MRI	_____	_____	_____	_____	_____
CT	_____	_____	_____	_____	_____
PET	_____	_____	_____	_____	_____
5. Outcomes					Number
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					_____
6. Name of person who completed this paper form					
Last name	_____				
First name	_____				