

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. Month / year to which form applies		____/____ (mm/yyyy)			
3. Process measures					
Patient wait time (outpatient)		Mean time in minutes		Median time in minutes	
Radiography		_____		_____	
Ultrasound (excluding breast ultrasound)		_____		_____	
MRI without oral contrast		_____		_____	
CT without oral contrast		_____		_____	
PET		_____		_____	
Time from order to exam for inpatient stat CT exams		_____		_____	
Time from order to exam for inpatient routine CT exams		_____		_____	
Does the facility perform digital radiography?		<input type="radio"/> No <input type="radio"/> Yes			
If yes, number of digital radiography images				_____	
If yes, 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	_____	_____	_____	_____	_____

4. Outcomes	Number
Liver biopsies performed by radiologists	_____
Liver biopsies performed by radiologists reported as non-diagnostic	_____
Lung biopsies performed by radiologists	_____
Lung biopsies performed by radiologists reported as non-diagnostic	_____
Lung biopsies performed by radiologists resulting in pneumothorax requiring chest tube	_____
Stereotactic breast biopsies performed	_____
Stereotactic breast biopsies performed which were non-concordant with imaging findings	_____

5. Name of person who completed this paper form	
Last name	_____
First name	_____