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Mammography Clinical Log Sheet

Use this form to keep track of your clinical requirements for MQSA and/or the ARRT[®]. If you pursue an ARRT[®] postprimary, you'll enter your exams and your verifier's name and email in your account, and the ARRT[®] will email your verifier to review your procedures.

MQSA Clinical Requirements

You must complete 25 screening examinations under the direct supervision of a qualified instructor. Note the date, facility name, and your instructor. Keep records of these exams with the rest of your initial training documents.

ARRT® Requirements

If you are planning to sit for the ARRT examination, you must:

- Complete 75 additional screening exams
- Complete quality control activities according to the 2018 ACR Digital Mammography Quality Control Manual/manufacturer's QC recommendations:
 - Phantom Image Quality (10 times), Compression Thickness Indicator (5 times), Visual Checklist (5 times), Acquisition Workstation Monitor QC (5 times), Radiologist's Workstation Monitor QC (2 times), Compression Force (2 times), Facility QC Review (1 time), Repeat Analysis (2 times)
 - Review of Medical Physicist's Annual Survey Report (1 time) includes Signal-to-Noise Ratio (SNR), Contrast-to-Noise Ratio (CNR), Modulation Transfer Function (MTF), manufacturer detector calibration, artifact evaluation, flat field, as applicable.
- Review at least 10 mammographic examinations with a MQSA qualified interpreting physician for breast anatomy, pathology, and image quality, and establish corrective action per EQUIP regulations.
- Observe, assist with, or participate in at least four of the following procedures:
 - Needle localization (wire, radioactive seed, magnetic seed, RFID)
 - Localization imaging (post-placement)
 - Surgical specimen imaging
 - Breast MRI
 - Breast ultrasound (diagnostic imaging, biopsy, or FNA, or cyst aspiration)
 - Stereotactic biopsy with clip placement
 - Stereotactic specimen imaging
 - Breast implant imaging
 - Tissue marker clip placement
 - Diagnostic mammogram
 - Recall from a screening mammogram

Date	Exam or Procedure	Supervisor's Name	Facility/Other Notes