

COLLEGE OF PHYSICIANS & SURGEONS - IMAGING ACCREDITATION

REVIEWER CHECKLIST - RADIOGRAPHY

Facility Name: _____

	# of Images / Studies
Abdomen	
Excretory Urography (IVP)	
Skull and/or Sinuses	
Pelvic Girdle/Lower Extremity	
Shoulder Girdle/Upper Extremity	

	# of Images / Studies
Spine	
Chest/Ribs	
Tomography	
Mobiles	

		Study Identification Number & Name of Interpreter											
A.	Requisition/In-House Worksheet												
	1 Appropriate history												
	2 Date of LMP or equivalent (where appropriate)												
B.	IMAGES												
	1 Adequate number of views												
	2 Exposure factors (technique)												
	3 Positioning												
	4 Coning												
	5 Gonadal shielding visibility												
	6 Patient difficulties identified for sub-optimal studies												
	7 Other												
C.	REPORTS												
	1 Turn-around time												
	2 Other:												
	3 Pertinent findings recorded												
	4 Signed or electronically verified												
D.	REPORT EVALUATION												