Repeat Analysis

FORM 07

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Unit or Modality: _____ **Review Period or Scope:** _____

Review at the applicable interval. Count consistently, include repeats in total acquisitions, and document actions.

Date or Period	Exam or Body Region	Reason For Repeat	Number Of Repeats	Action Taken

Counting Unit: _____ **Total Acquisitions (A), Including Repeats:** _____

Repeated Acquisitions (R): _____ **Repeat Rate = R Divided By A X 100:** _____

Enter N/A if A = 0. Retain the underlying tally, counting method, and corrective-action evidence.

Repeat Analysis

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____