Mammography Phantom Evaluation

FORM 26

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

Unit or Phantom: _____ **Scoring Method or Limits:** _____

Retain phantom images and numeric scores. Use the applicable modality and mobile-site QC requirements.

Date or Location	Unit or Mode or Image Reference	Phantom Scores or Measurements	Limits or Result	Action or Retest Ref.	Initials

Mammography Phantom Evaluation

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): _____