Mammography Repeat or Reject Analysis

FORM 41

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

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

Use consistent counts across periods. Apply the current modality-specific review interval and investigation threshold.

Period or Date	Reason or Category	Number Repeated or Rejected	Corrective Action	Effectiveness or Follow-Up

Total Films or Acquisitions (A): _____ **Repeated or Rejected (R):** _____

Current Rate = R Divided By A X 100: _____ **Previous Rate (%):** _____

Change (percentage Points): _____ **Corrective-Action or Effectiveness Record:** _____

Count each repeated/rejected acquisition once. N/A if A = 0. Keep the underlying tally and previous-period analysis.

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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): _____