

**REMOTE RADIOLOGY ASSESSMENT CLINICS**

**CLINICAL CERTIFICATION**

*Name of Service*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the Remote Radiology Guidelines and minimum technical requirements and quality control procedures outlined in Appendix G of the BreastScreen Australia National Accreditation Standards Commentary (March 2022) are:

*(tick one and provide comments if Partially Implemented or Not Implemented):*

* IMPLEMENTED
* PARTIALLY IMPLEMENTED
* NOT IMPLEMENTED

*Name:­­*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Role:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Comments (continue over page if required):*

*Comments (continued):*

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| ***Version control*** |  |
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| *Approved by NQMC* | *4 March 2022* |
| *Author* | *Joan Burns, National Surveyor* |