

**REMOTE RADIOLOGY ASSESSMENT CLINICS**

**TECHNICAL CERTIFICATION**

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

I certify that the 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:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide comments on how and when compliance is expected to be achieved (continue over page if required):*

*Please provide comments on how and when compliance is expected to be achieved (continued):*

|  |  |
| --- | --- |
| ***Version control*** |  |
| *V #*  | *1.0* |
| *Approved by NQMC* | *4 March 2022* |
| *Author* | *Joan Burns, National Surveyor* |