



## 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):*

<b>Version control</b>	
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<i>Approved by NQMC</i>	<i>4 March 2022</i>
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