

NHSBS ANALOGUE EQUIPMENT EVALUATION (FORM 6)

Mammography practitioner observations and findings

A copy of this form should be completed near the start and again towards the end of the evaluation

Unit _____ Evaluating centre _____

General	Poor	Satisfactory	Good	Excellent	Comments
1. How good was the operator's manual?					
2. How good was the user training provided by supplier?					
3. 3.1 How do you rate the unit's ease of use? 3.2 How do you rate the unit's help in minimising fatigue?					
4. Were the x-ray exposures times acceptable? (If not, explain, eg hit backup timer frequently)					
5. Setting for radiographic views 5.1 How do you rate the rotation of the support arm? 5.2 Visibility of the set angle?					
6. Setting position of breast support table How do you rate the facility for positioning the height of the breast support table?					
7. Range of movements Adequacy of the range of movements offered by the unit?					
8. Compression How effective was the compression system? Visibility of compression force from breast support table?					
9. AEC detector positioning 9.1 Ease of setting? 9.2 Adequacy of detector position options?					
10. Visibility of AEC detector marking					
11. Ease of insertion and removal of cassettes					
12. Performance of supplied radiographic view markers					
13. Effectiveness of brakes How well did the brakes work? (eg was there any backlash or movement?)					
14. Comfort of women 14.1 Did the women experience excessive discomfort or pain? 14.2 Were there any sharp corners, etc					
15. Range of controls and indicators 15.1 Were all the expected controls present? 15.2 Were they easy to find and use? 15.3 How could they be improved?					

NHSBSP ANALOGUE EQUIPMENT EVALUATION (FORM 8)

Radiologist's or film reader's report

Unit _____

Evaluating centre _____

At least two, and preferably all, radiologists or other film readers reporting films produced on this unit are asked to provide subjective opinions on image quality and to rate the unit's performance against other mammographic units of their experience. To judge whether opinions on performance have changed over the period of the assessment period, a copy of this form should be completed near the start and again towards the end of the evaluation.

Date _____

Name or code of radiologist _____

Type and make of viewer used _____

Summary data on subjective opinion of diagnostic quality of films viewed (enter approximate number of films in boxes)

	Excellent	Good	Satisfactory	Poor	Inadequate
Full size					
Magnified					
Stereo					

Reasons for films of inadequate image quality (enter approximate number of films in boxes)

	Exposure factors	Positioning	Movement blur	Other
Full size				
Magnified				
Stereo				

If other, state reason

Form 9 may be used to grade different aspects of film quality for a sample of films for the system under evaluation.