



### 3. Personnel

	Name	Contact telephone number
Superintendent radiographer		
Lead radiologist		
Breast screening centre project leader		
Breast screening centre physicist		
NHSBSP project supervisor		
KCARE project leader		
KCARE project manager		

### 4. Timescale

Projected date of installation	
Projected duration of evaluation	
Projected date of completed report	

### 5. Additional information

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**Signed:**

NHSBSP representative \_\_\_\_\_

Breast screening centre \_\_\_\_\_

## EQUIPMENT ASSESSED AND EVALUATION CENTRE INFORMATION

### 1. Details of equipment assessed and centre

1.1	Equipment model	
1.2	Manufacturer	
1.3	Supplier	
1.4	Serial number(s)	
1.5	Evaluation centre	
1.6	Breast screening centre project leader and telephone number	

### 2. Installation

2.1	Date of start of installation	
2.2	All adjustments made to suit local radiographic requirements by the installation engineer should be recorded. The engineer should confirm that all adjustments made conform with the manufacturer's installation protocol	
2.2.1	Adjustments to suit local radiographic requirements	
2.2.2	Comment by engineer on adjustments made	
2.3	Date of acceptance for clinical use	
2.4	Date of start of clinical evaluation	
2.5	Date of completion of clinical evaluation	

### 3. Details of reporting workstation and hardcopy device

(Note: It is important that these are not changed during the evaluation period.)

3.1	Manufacturer and type of reporting workstation	
3.2	Number, manufacturer, type and resolution (pixel matrix) of monitors	
3.3	Software type and version	
3.4	Manufacturer and type of hardcopy device	
3.5	Resolution (pixel matrix) of hardcopy device	

### 4. Number of examinations undertaken

4.1	Number of excision specimens	
4.2	Number of mastectomy specimens	
4.3	Number of symptomatic patients	
4.4	Number of core biopsy specimens	
4.5	Number of women screened	
4.6	Number of women assessed	
4.7	Number of women examined with magnification – physical and optical	
4.8	Number of stereotactic examinations	