

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
MAMMOGRAPHIC SYSTEMS
FIELD TEST RECORD

(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)

**Print Legibly. Use Black
Ball Point Pen. Enter One
Character per Box.**

FIELD TEST SERIAL NO: (1-8)

MA

REGIONAL REVIEW (NAME)

Card No.

(9-10)

Test Procedure:

1. MA
11 13

Component Certification Information

2. Indicate the status of each as follows:
C -- Certified V -- Certified with a Variance
N -- Not Certified X -- Not Present

<input type="checkbox"/> 14 Beam Limiting Device	<input type="checkbox"/> 15 Image Receptor Support Device
<input type="checkbox"/> 16 Tube Housing Assembly	<input type="checkbox"/> 17 High Voltage Generator
<input type="checkbox"/> 18 X-ray Controls	<input type="checkbox"/> 19 Other (Specify in Remarks)

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Source-to-Image Receptor Distance

3. 21 22 in OR 23 26 cm

Date of Manufacture

4. Beam limiting device manufactured after October 1977 27 Y--YES N--NO

Test Setup

MDH (Pulse Exposure)
mm Al
over 50 kV - 3.0
below 50 kV - 1.5

Technique Factors

5. Timer mode of operation during testing 31
M -- manually set time or mAs P -- phototimer

6. 28 30 kVp If max kV is below 50, select max value. If max kV is above 50, select a value between 50 and 60.

7. 32 34 mA

8. 35 38 sec OR 39 41 pulses

9. 42 44 mAs

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Beam Quality

	over 50 kV	below 50 kV	
10. <input type="checkbox"/> 11 <input type="checkbox"/> 15 mR @ <input type="checkbox"/> 16 <input type="checkbox"/> 17 mm Al	3.0 mm	1.5 mm	15. Warning Label Present <input type="checkbox"/> 25 Y--YES N--NO
11. <input type="checkbox"/> 18 <input type="checkbox"/> 22 mR @ <input type="checkbox"/> 23 <input type="checkbox"/> 24 mm Al	2.0 mm	1.0 mm	16. Technique Factors Indicated Before Exposure <input type="checkbox"/> 34 Y--YES N--NO
12. <input type="checkbox"/> 26 <input type="checkbox"/> 30 mR @ <input type="checkbox"/> 31 <input type="checkbox"/> 33 mm Al	1.5 mm	0.75 mm	17. Exposure Terminated After Preset Time Interval, Preset mAs, Or Preset Number of Pulses <input type="checkbox"/> 50 Y--YES N--NO
13. <input type="checkbox"/> 35 <input type="checkbox"/> 39 mR @ <input type="checkbox"/> 40 <input type="checkbox"/> 41 mm Al	1.0 mm	0.5 mm	
14. <input type="checkbox"/> 42 <input type="checkbox"/> 46 mR @ <input type="checkbox"/> 47 <input type="checkbox"/> 49 mm Al	0.5 mm	0.25 mm	

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Reproducibility

18. Threshold Setting 0 11

19. 12 16 mR If any of items 19, 21, 23, or 25 differ by more than 10 percent of the largest value, provide additional data at items 27 to 38

20. 17 20 msec

21. 21 25 mR

22. 26 29 msec

23. 30 34 mR

24. 35 38 msec

25. 39 43 mR

26. 44 47 msec

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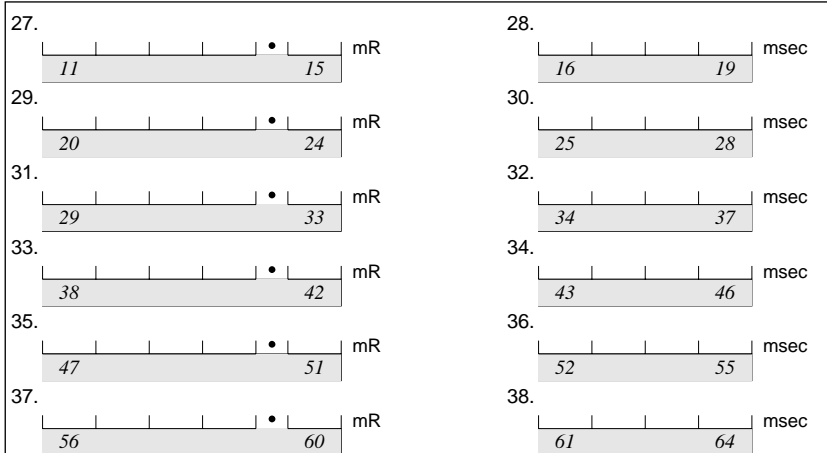
FIELD TEST SERIAL NO: (1-8)

MA

REGIONAL REVIEW (NAME)

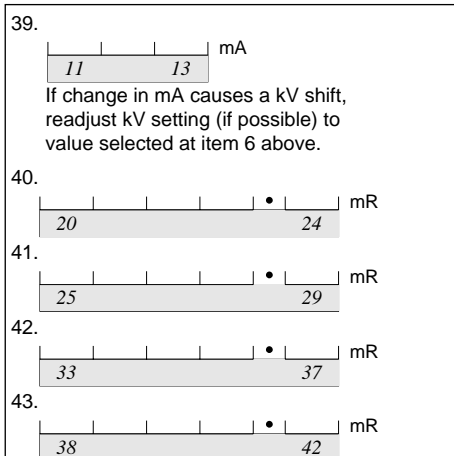
13

Reproducibility (Continued)

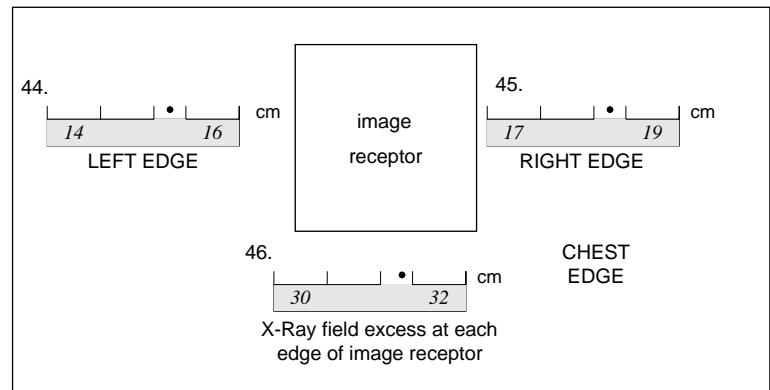


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Linearity



X-Ray Field/Image Receptor Alignment



REMARKS

CHECK IF CONTINUATION SHEET USED