



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REQUEST FOR TERMINATION OF MAMMOGRAPHY CERTIFICATION

Before your Certification of Mammography Systems can be terminated, the following requirements must be met in accordance with 25 Texas Administrative Code (TAC)§289.230(y): You must request termination of your certification, inform us of the disposition of all mammography systems, and submit payment for any outstanding fees.

I hereby request termination of my Certification of Mammography.

Mammography Certification Number: _____ Accredited by TX or ACR

Facility Name: _____

Address: _____

Telephone Number: _____

Mammography System Information

Manufacturer: _____

Transferred To: _____

Model Number: _____

Address: _____

Serial Number: _____
(from control panel)

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Model Number: _____

Address: _____

Serial Number: _____
(from control panel)

Date of Transfer: _____

Storage Location of Medical Records

Mammograms must be stored for ten years. Submit the address of the storage location(s), phone number and name of the custodian of the mammograms. You must notify this Agency in writing, of any changes in storage locations or custodian of records.

Your submission of this completed form to the address or fax number below will save the need for additional correspondence.

Texas Department of State Health Services
Radiation Safety Licensing Branch
1100 West 49th Street
Austin, TX 78756-3189
Fax 512-834-6716

I certify that the above information is true and correct to the best of my knowledge.

Signature

Date

For additional equipment information list here.

Manufacturer: _____

Transferred To: _____

Model Number: _____

Address: _____

Serial Number: _____
(from control panel)

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Model Number: _____

Address: _____

Serial Number: _____
(from control panel)

Date of Transfer: _____

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