Radiologist/Technologist Data

This form is a continuation of the Patient Information form. A computer or tracking system will automatically link this data to the Patient Information form. If this data is not to be computerized then the patient identification should be added to this form.

Date of Examination __ __ /__ __ /__ __ __ __ (mm/dd/yyyy)

1. Indication for examination: (check one)
   ❏ Screening: asymptomatic
   ❏ Diagnostic: additional evaluation of recent abnormal screening exam
   ❏ Diagnostic: short-interval follow-up (e.g., 6 months)
   ❏ Diagnostic: evaluation of a breast problem
   ❏ Other (core biopsy, or other non-imaging)

2. Types of examination performed (check all that apply, if performed on same day)

	Both	Right	Left		CAD	Double Reading	Hard-Copy Digital	Soft-Copy Digital
	❏	❏	❏	Standard views (MLO, CC)	❏	❏	❏	❏
	❏	❏	❏	Additional views	❏	❏	❏	❏
	❏	❏	❏	Ultrasound				
	❏	❏	❏	MRI				
	❏	❏	❏	Nuclear medicine				
	❏	❏	❏	Other breast imaging				

Note: For this question, if a facility *never* or *always* uses CAD, double reading, hard-copy digital, or soft-copy digital mammography, then the additional checked boxes for these options should be deleted, and this information should be hard-coded into the system at time of installation.

3. Invasive procedures performed (check all that apply, if performed on same day)

				Type of Image Guidance		
	Both	Right	Left	Mammo	Stereo	Ultrasound
Cyst aspiration	❏	❏	❏	❏	❏	❏
FNA biopsy	❏	❏	❏	❏	❏	❏
Core biopsy	❏	❏	❏	❏	❏	❏
Needle localization	❏	❏	❏	❏	❏	❏
Ductography	❏	❏	❏	❏	❏	❏

4. Comparison with previous mammograms
   ❏ No (first examination)
   ❏ No (previous films not available)
   ❏ Yes __ __ /__ __ /__ __ __ __ (mm/dd/yyyy)
   ❏ Pending, waiting for outside films

5. Breast density: (check denser breast if left and right differ)
   ❏ Almost entirely fat (<25% fibroglandular)
   ❏ Scattered fibroglandular densities (approximately 25%-50% fibroglandular)
   ❏ Extremely dense (>75% fibroglandular)
   ❏ Heterogeneously dense (approximately 51%-75% fibroglandular)

6. BI-RADS® assessment category (check all that apply)

Category	Both	Right	Left	Category	Both	Right	Left
0 Need additional imaging evaluation	❏	❏	❏	(Optional) 4 A Low	❏	❏	❏
1 Negative	❏	❏	❏	(Optional) 4 B Intermediate	❏	❏	❏
2 Benign	❏	❏	❏	(Optional) 4 C Moderate	❏	❏	❏
3 Probably benign	❏	❏	❏	5 Highly suggestive of malignancy	❏	❏	❏
4 Suspicious	❏	❏	❏	6 Known malignancy	❏	❏	❏

7. Management recommendations (check all that apply)

	Both	Right	Left
1,2: Routine interval follow-up, next mammogram:			
1 year	❏	❏	❏
Return at age 40	❏	❏	❏
Other: _____	❏	❏	❏
3: Short-interval follow-up			
6 months	❏	❏	❏
Other: _____	❏	❏	❏
0: Additional imaging evaluation	❏	❏	❏
4: Consider biopsy	❏	❏	❏
5: Appropriate action should be taken	❏	❏	❏
6: Appropriate action should be taken	❏	❏	❏

8. Specify immediate management (check all that apply, if any apply)

	Both	Right	Left		Both	Right	Left
Compare with previous mammograms	❏	❏	❏	FNA biopsy	❏	❏	❏
Additional mammographic views	❏	❏	❏	Core biopsy	❏	❏	❏
Ultrasound	❏	❏	❏	Needle localization	❏	❏	❏
MRI	❏	❏	❏	Clinical examination	❏	❏	❏
Nuclear medicine	❏	❏	❏	Surgical consult	❏	❏	❏
Cyst aspiration	❏	❏	❏	Other _____			

Reading Radiologist ID __ __ __   Second Reading Radiologist ID __ __ __   Technologist ID __ __ __
(Optional)

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