

# Mammography

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Modality: \*

Mammography

Manufacturer: \*

Hologic

Equipment Name \*

Selenia Dimensions

Date of Manufacturing (mm/yyyy): \*

December 2011

FL Number:

Facility Name: \*

City: \*

State: \*

Iowa

Government Facility: \*

☐ Yes ☒ No

Access to Site: \*

☒ Normal Work Hours (8am – 5pm M-F)

☐ Weekends, after hours, holidays

Crane Required: \*

System Location: \*

☐ Basement ☒ Ground Floor ☐ Floor Number ☐ Trailer

System Leased: \*

☐ Yes ☒ No

Service Contract: \*

☒ Original Manufacturer ☐ Third Party ☐ No Service Contract

If Yes, Service Vendor: \*

Vendor Credentialing Required: \*

☐ Yes ☒ No

If Yes, Credentialing Vendor: \*

System in Good Working Condition: \*

☒ Yes ☐ No

Cosmetic Appearance:

☐ Excellent ☒ Very Good ☐ Good ☐ Fair ☐ Poor

CAD:

☐ Yes ☒ No ☐ NA

Biopsy Attachment:

☐ Digital ☐ Analog

Magnification:

☐ Yes ☐ No ☐ NA

Number of Paddles Mag:

see pictures

Number of Paddles Compression:

see pictures

Number of Paddles Spot:

see pictures

Intensifier Detector Size:

Compression:

☐ Manual ☐ Automatic

Tube in Working Condition: \*

☒ Yes ☐ No

Original Tube: \*

☒ Yes ☐ No

If Changed: \*

☐ New Tube ☐ Used Tube

Date of Last Tube Change (*mm/yyyy*): \*

Hard Drive Removal: \*

☐ Facility will remove hard drive and provide software to broker.

☒ Hard drive will go with system to broker.

Software Level:

1.11.1.3 (updated in July 2022)

Additional Comments:

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De-install Date (*planned mm/yyyy*): \*

July 2023