

Quality Assurance Feedback Submission Form

Please fax submission form to **325-437-0628**

Reporting Site Demographic Information			
Hospital Name:			
Contact name:		Physician who determined discrepancy:	
Contact Phone:		Contact Fax:	
Contact Email:			
Indicate the preferred method for QA response letter:			
Study Details			
Patient Name (First):		Exam Type:	
Patient Name (Last):		Date of Study:	
MRN/Patient ID:		Site Contact Name (i):	

(i) Please insert additional contact if different from site contact noted above.

Comments / Discrepancy Details

Note: Category and comments requested for all cases

Select One	QA Descriptions
	Complimentary feedback ("good call") or Interesting feedback
	Slight discrepancy with no effect on patient care (e.g. lacune in 90 yo, simple liver/renal cysts, BPH)
	Minor discrepancy with no effect on patient care (e.g. old CVA, emphysema)
	Minor discrepancy with effect or possible effect on patient care (e.g. gallstones, non-obstructing renal stones, indeterminate liver/renal lesion)
	Major discrepancy with impact on patient care (e.g. PE, apy, bleeds, fxs, ureteral stones, SBO, diverticulitis, acute CVA, probable cancer)