

## **Quality Assurance Feedback Submission Form**

Please fax submission form to 325-437-0628

Reporting Site Demographic Information				
ŀ	lospital 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			

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Slight discrepancy with no effect on patient care (e.g. lacune in 90 yo, simple liver/renal cysts, BPH)

Minor discrepancy with effect or possible effect on patient care (e.g. gallstones, non-obstructing renal stones,

Major discrepancy with impact on patient care (e.g. PE, appy, bleeds, fxs, ureteral stones, SBO, diverticulitis, acute

Minor discrepancy with no effect on patient care (e.g. old CVA, emphysema)

indeterminate liver/renal lesion)

CVA, probable cancer)