



MAMMOGRAPHY UNIT TRANSFER/DISPOSAL FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SECTION - MAMMOGRAPHY BRANCH
 Mail Code 1986
 P.O. Box 149347
 Austin, Texas 78714-9347

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Texas Department of State Health Services

- DO NOT use this form to terminate your certification.**
- Keep an inventory of all mammography units, and all installation and transfer/disposal records on-site for inspection purposes.

Certification Number: **M** _____ Accredited by: STX ACR

Legal Name of Facility: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

MAMMOGRAPHY UNIT DATA

- Complete the following information for each mammography unit which is no longer in use.
- The mammography serial number must match those listed on the Certification of Mammography Systems.

Total # of Mammography Units Removed	Mammography Unit Description	* Stored/Inoperable	* Transferred/Sold	* Disposed	Total # of Units Remaining
	Mammography Unit (086) <i>(Provide serial number below)</i>				
	Breast Interventional Unit (084) <i>(Provide serial number below)</i>				

Unit serial number(s): _____

Unit serial number(s): _____

If mammography units are transferred to more than one facility, make a copy of this form or provide details on separate paper. (Business name, Registration number, and complete address)

* Transferred To: _____ Certification # **M** _____

* Address Stored/Transferred/Disposed: _____

RSO SIGNATURE:

PRINTED NAME _____

PRINTED TITLE _____

SIGNATURE _____

DATE _____