

DXA Scanner Information		To be completed at study Site or by DXA Technologist
Scanner Number: (submit one form per scanner, or enter replacement scanner number here for Machine Equivalence) <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Scanner Manufacturer: <input type="checkbox"/> Hologic <input type="checkbox"/> Lunar Submission Time Point End Date: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> D D M M M Y Y Y Y </div>	Submission Type: (check one) <input type="checkbox"/> Baseline <input type="checkbox"/> Monthly or ongoing submission <input type="checkbox"/> Interim / End of Study (also submit Interim / EOS Checklist) <input type="checkbox"/> Machine Equivalence <input type="checkbox"/> Cross Calibration	<input type="checkbox"/> Repeat Submission <input type="checkbox"/> DCF Response
Submission Contents		To be completed prior to submission to Bioclinica
Item		Comments
<input type="checkbox"/> IQC Phantom Database File <small>(QA.mdb, QC Archive.mdb, Lunar.mdb, filename.text, filename.mdf)</small>		
<input type="checkbox"/> IQC Cross Calibration Scan Files (not printouts)		
<input type="checkbox"/> Machine Equivalence Scan Files (not printouts) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Original Scanner Number Replacement Scanner Number </div>		
Form(s): <input type="checkbox"/> Cross Calibration <input type="checkbox"/> Correspondence <input type="checkbox"/> Machine Equivalence <input type="checkbox"/> Other _____ <input type="checkbox"/> Phantom Scan Printouts _____ <input type="checkbox"/> Interim / EOS Checklist		
DXA Scanner Service Information		Do not alter the calibration characteristics without first contacting Bioclinica
Did this DXA scanner have service and/or a software or hardware upgrade since the last submission? <input type="checkbox"/> N/A (if baseline submission) <input type="checkbox"/> No <input type="checkbox"/> Yes – Please also submit the following: --> <input type="checkbox"/> DXA Service Record Form <input type="checkbox"/> Manufacture’s Service Report (if available)		
Printed Name of Person completing form:		<div style="border: 2px solid black; width: 500px; height: 30px; margin: 0 auto;"></div> <p>Data Shipped MUST include: Completed IQC Submission Form and correctly labeled transfer media containing IQC data listed.</p>
Comments		

-----Do not write below this line. For Bioclinica use only-----

Data Receipt: Bioclinica Study Code 0003
(Bioclinica Stamp with Date and Initials)

©2018 Bioclinica	Bioclinica Tracking Number	0	0	0	3	4	0	2	0	1	8	0	7	2	3	
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