



REQUEST FOR MAMMOGRAPHY CERTIFICATION TERMINATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (512) 834-6688 ext. 2225
Fax #: (512) 834-6717

Before the Certification of Mammography Systems can be terminated, the information below must be submitted.

Note: Do not use this form for Registration or Laser Services.

I request termination of:

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

Legal Name of Facility: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

MAMMOGRAPHY UNIT INFORMATION

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

1. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

2. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

(Continue on page 2 for additional equipment)

Storage Location of Clinical Images and Medical Records - Note: If Custodian of mammograms or storage location changes, you must notify this Agency.

Contact Name of Custodian for Mammograms: _____

Phone number: _____ Email address: _____

Address of storage location: _____

SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:

(Example: RSO, President, Registered Agent, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME _____

PRINTED TITLE _____

SIGNATURE _____

DATE _____

ADDITIONAL EQUIPMENT INFORMATION

Registration Number: **M** _____

3. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

4. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

5. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

6. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

7. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

8. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

9. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

10. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____