Department of Veterans Affairs
VistA Medical Imaging Software Development - SD&D
Image Quality Certification

Site Name: _______________________________
Medical Procedure Involved: _______________________________
Device Manufacturer and Model: _______________________________

Please report results in the appropriate section (grayscale, color, or scanned images).

**Grayscale Images:**
1. Are the gray levels of the image abstract set correctly so that the image is easily recognized and viewed?
   Yes ____ No ____ Comment ______________________________
2. Are the default gray levels of the clinical image set correctly so that the image is easily recognized and viewed?
   Yes ____ No ____ Comment ______________________________
3. Does the image have the correct dimensions?
   Yes ____ No ____ Comment ______________________________
4. Is the aspect ratio of the image correct?
   (The image is not distorted in the horizontal or vertical dimensions)
   Yes ____ No ____ Comment ______________________________
5. Is the image orientation correct (top/bottom and right/left)?
   Yes ____ No ____ Comment ______________________________
6. Are adequate gray levels available so that manipulation of the window / level settings will allow significant features of the image to be viewed, including bone and soft tissue?
   Yes ____ No ____ Comment ______________________________

**Color Images:**
1. Do the colors look correct?
   Yes ____ No ____ Comment ______________________________
2. Can significant details be viewed in the image?
   Yes ____ No ____ Comment ______________________________
3. Is the aspect ratio correct?
   (The image is not distorted in the horizontal or vertical dimensions)
   Yes ____ No ____ Comment ______________________________
4. Is there blurriness in the image?
   Yes ____ No ____ Comment ______________________________
5. Is the image orientation correct (top/bottom and right/left)?
   (The image is not distorted in the horizontal or vertical dimensions)
   Yes ____ No ____ Comment ______________________________
6. Are there any motion or other artifacts in the image?
   Yes ____ No ____ Comment ______________________________

Site Agreement Attachment
Page 1 of 2
Updated June 2005
Scanned Documents:

1. Is the full image being scanned?
   Yes ____ No ____ Comment ______________________________

2. Is the image orientation correct (top/bottom & right/left)?
   Yes ____ No ____ Comment ______________________________

3. Is the page being scanned squarely?
   Yes ____ No ____ Comment ______________________________

4. When the image is shown in “fit to screen width” mode, can the words be read comfortably?
   Yes ____ No ____ Comment ______________________________

Printed Name

Signature and Date

********************************************************************************

RESPONSE REQUIRED to this question if this Image Quality Certification is for a GEMS Lunar Prodigy Bone Densitometer

Bone densitometers (e.g., GEMS Lunar Prodigy and all others) must use the DICOM processing parameter setting available with VistA Imaging MAG*3.0*5” in order store densitometry data correctly. Processing parameters used in previous versions of VistA Imaging are not appropriate for these devices.

Please initial here ______________________________ to indicate that the modality.dic is configured to use the <DICOM> processing parameter for bone densitometry.

********************************************************************************

RESPONSE REQUIRED to this question if this Image Quality Certification is for a site that is not using VistARad.

I realize that the data displayed on the clinical display stations may not be suitable for primary interpretation of some radiological images. I recognize that the present certification of image quality applies to the VistA Imaging Display software only. I agree that this Image Quality Certification must be repeated if, in the future, this site chooses to implement VistARad at this facility.

Please Initial ______________________________