



# MAMMOGRAPHY UNIT TRANSFER/DISPOSAL FORM

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

Texas Department of State  
 Health Services

Phone #: (737) 218-7110  
 Fax #: (512) 834-6717

- 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 # \_\_\_\_\_

\* Address Stored/Transferred/Disposed: \_\_\_\_\_

### RSO SIGNATURE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE