



AMENDMENT APPLICATION FOR INTERVENTIONAL BREAST RADIOGRAPHY

ZZ113-181

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
RADIATION SAFETY LICENSING BRANCH (RSLB)
Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

For questions regarding the application process, contact the Mammography Program at (512) 834-6688.
Submit the completed application, and required documentation to the address above. Retain a copy for your records.
This amendment application is for interventional breast unit(s) only. If you have a mammography unit, complete RC Form 230-2 – Amendment Application for Mammography Certification.

AMENDMENT APPLICATION TYPE: For each amendment selected, complete and submit the required application sections, along with the required documentation.

Note: A name change requires that you submit the Business Information Form RC 226-1. An Ownership change requires a New Facility application.

- Name Change (Sec 1, 4) Address Change (Sec 1, 4) Add Biopsy Unit(s) (Sec 1, 3, 4)
Add Mobile Services (Sec 1, 2, 4) Radiation Safety Officer Change (Sec 1, 4) Other

SECTION 1: FACILITY INFORMATION

MAMMOGRAPHY CERTIFICATION NUMBER: M NEW FACILITY – NOT ASSIGNED

LEGAL NAME OF FACILITY: The legal name of the facility filed with the Texas Secretary of State Office. If the facility name does not match with the Texas Secretary of State Office, the application will be delayed.

DOING BUSINESS AS (DBA) name (if applicable): The 'dba' name must be filed with the Texas Secretary of State Office and / or county clerk office.

FACILITY ADDRESSES / PHONE NUMBERS / CONTACTS

Table with columns for MAILING ADDRESS and PHYSICAL USE LOCATION, and rows for Street / PO Box, City / State / Zip, County, Phone No. & Ext., Fax Number, RADIATION SAFETY OFFICER (Name, Phone No. & Ext., Email), and FACILITY CONTACT.

SECTION 2: FACILITY PROCEDURES

MOBILE SERVICE AUTHORIZATION

Mobile service authorization must be obtained prior to providing mobile interventional breast services. Refer to 25 TAC §289.226 for specific details.

Submit the following if the facility will be providing mobile interventional breast services:

- Street address where the mobile van and records will be maintained for inspection:
Attach a sketch or description of the normal configuration of the interventional breast unit's use including the operator's position and any ancillary personnel's location during exposures. If a mobile van is used with a fixed unit inside, furnish the floor plan indicating protective shielding and the operator's location.
Submit a current copy of the facility's Operating and Safety Procedures regarding radiological practices for protection of patients, operators, employees, and the general public.

SECTION 3: INTERVENTIONAL BREAST UNIT INFORMATION

- Make copies of this page, if needed.
- Complete applicable sections and check all appropriate boxes.
- Include a copy of a current complete medical physicist's survey report for each interventional breast unit:
 - Medical physicist surveys for new facilities or new interventional breast unit(s) must be dated within 6 months of application.
 - Medical physicist surveys for renewals must be dated within 14 months of application.

Note – if there are any failures and/or deficiencies on the report include copies of service/work invoices with the description of corrective actions.

Location		Manufacturer	Model Name	Serial #	Services	
Onsite	Mobile Van				Biopsy	Needle Localization

SECTION 4: SIGNATURES

This certification is to be signed by the Authorized Representative of the Applicant, an individual with the capacity and authority to legally bind the Applicant.

Certification must be made by the person completing the application

I certify that all information submitted with this application is true and correct to the best of my knowledge.

Name	Title	Date	Signature

Certification must be made by the Administrator, President, Chief Executive Officer, Owner or Partner of the facility

I certify that all of the information provided herein is true, correct, and complete. I certify that the Applicant has read, understands, and will comply with applicable provisions of the Chapter 401 of the Texas Health and Safety Code, titled *Texas Radiation Control Act*, and with all applicable provisions or Title 25, Texas Administrative Code, Chapter 289, titled *Radiation Control*.

Name	Title	Date	Signature

Certification must be made by the Radiation Safety Officer

I certify that I have read and understand and will comply with applicable provisions of the Chapter 401 of the Texas Health and Safety Code, titled *Texas Radiation Control Act*, and with all applicable provisions or Title 25, Texas Administrative Code, Section 289, titled *Radiation Control*. I certify that I am qualified to serve, agree to serve, and will carry out those duties and responsibilities of the Radiation Safety Officer of the Applicant, as set forth in the Radiation Control rules, 25 TAC §289.226.

Name	Date	Signature

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)