

# CHECKLIST FOR YEAR 2018 LPPKN - CoR

## COMPULSORY ITEMS CHECKLIST FOR LPPKN MAMMOGRAM PROGRAM PROVIDER APPLICATION

**REMINDER: Incomplete Submission Will Not Be Processed.**

Kindly ensure submission of all the following items:

- Class C License for Mammography Unit** (photocopy)
- Class H License (QA Certificate)** (photocopy)
- Reject / Repeat Rate Analysis** (also state the total number & total percentage (%) for each year). (Please include breakdown of all the causes of the Rejected / Repeated Mammograms).
- Total no. of mammograms done past and current year** (please state the year).

**New Facility – please state the period of operation.**

- RMI 156 Phantom Image Quality Film**  
**Please include exposure details & date of exposure on the film**  
 (To submit **ONLY ONE (1)** phantom image at the usual clinical setting done in your centre)

Minimum scoring	Analogue	CR	Digital
Fibres	4	5	5
Speck Groups	3	3.5	4
Masses	3	4	4
Any artefacts will be deducted from score			

- 2 sets of mammograms** (will be returned after vetting process)  
**One set Fatty Breast with MLO and CC views**  
**One set Dense Breast with MLO and CC views**
- Radiologist(s) / Radiographer(s) – ONLY qualified female radiographers can perform mammography.**  

<u>Radiologist</u>	<u>Radiographer</u>
a) Name : _____	Name : _____
b) I/C No : _____	I/C No : _____

c) To submit photocopies of Certificate of Attendance for **MAMMO RELATED CME ONLY** for both Radiologist & Radiographer.

**At least 1 CME every 2 years from time of application.**  
**DO NOT provide CME obtained more than 2 years before application date and unrelated to breast imaging.**
- Type of Mammography unit(s) in use and breast biopsy facility available**  
 (Stereotactic attachment if present and whether Computed Radiography or Digital Mammography is used)

Mammography System	Pls Tick (✓)	Image Display	Pls Tick (✓)
Conventional		Screen Film (SF)	
Conventional with CR integration		Computed Radiography (CR)	
Full Field Digital Mammography (FFDM)		Digital (Workstation)	

1. Mammography Unit used: \_\_\_\_\_
2. Stereotactic Breast Biopsy Unit used: \_\_\_\_\_
3. Processor used (where applicable): Dry Laser Printer   
Wet Processor (Dark Room)

**Ultrasound Model and Transducers in use**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Centre / Unit Official STAMP

**Audit Data**

(Please provide (if available) – eg. Number of missed cancers, Interval Cancers, Positive Biopsy Rate for different biopsy techniques for non palpable lesions)

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**Deadline for submission of the above is before \_\_\_\_\_**

*The QAP manual from the Ministry of Health is available at*

<http://www.radiologymalaysia.org/Content/2010/Members/CircsNGuides/PDFs/Mammo.pdf>

<http://www.radiologymalaysia.org/Content/2010/Members/CircsNGuides/PDFs/QC%20TableAppendix%202A%202B.pdf>

For enquiry / clarification, please contact:  
LPPKN Mammogram Programme Department  
Email: intanramlah\_lppkn@yahoo.com  
Tel: 603-2613 7555 Ext 1112

**Please Submit Application With Complete Documents and Details To:**

**LEMBAGA PENDUDUK DAN PEMBANGUNAN KELUARGA NEGARA**  
**Kementerian Pembangunan Wanita, Keluarga dan Masyarakat**  
**Bangunan LPPKN, 12B Jalan Raja Laut**  
**Peti Surat 10416, 50712 Kuala Lumpur**

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