

Please use the following as guide to audit your converted data. Please note that depending on your legacy software and any special arrangements you have made, there may be additional pieces of information to that you need to audit. For some conversions, certain elements listed below may not be available or they may not have been input into your legacy software. This guide can be filled out on the computer or you can print it out and mark it up as you audit your converted data.

CONVERSION DATA EXTRACT DATE =

(All data from the conversion is before this date)

FOR THE FOLLOWING SECTIONS CHECK PATIENT SPECIFIC INFORMATION FOR EACH LISTED ITEM											
PATIENT IMAGE AUDIT	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	Patient Unique ID	(Place any general comments here and any patient specific comments in the white area below)
	1	2	3	4	5	6	7	8	9	10	
Patient present as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient name, ID, date of birth, gender correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All single images & series present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All image capture dates correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Series template positions and orientations correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Image quality comparable to previous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3D/CBCT volumes open properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any additional notes or details in the box below and then sign to confirm you have thoroughly audited your converted data.

(Place any additional comments here)

Verifiers Signature: _____

Date: _____

Reviewed By: _____

Date: _____