State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

INITIAL APPLICATION FOR LICENSE OF SERVICES FOR PHYSICIAN OFFICES

1. NAME AND PHYSICIAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Campbell Clinic
Name

1211 Union Avenue Suite 500
Address

Memphis	TN	38104
City	State	ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Daniel Shumate	CEO
Name	Title

dshumate@campbellclinic.com
Email Address

Campbell Clinic
Company Name

1400 South Germantown Road
Address

Germantown	TN	38138
City	State	ZIP

901-759-3101
Phone Number

3. BILLING INFORMATION FOR FACILITY

Daniel Shumate	CEO
Name	Title

dshumate@campbellclinic.com
Email Address

Campbell Clinic
Company Name

1400 South Germantown Road
Address

Germantown	TN	38138
City	State	ZIP

901-759-3101
Phone Number

4. OWNERSHIP OF FACILITY

Campbell Clinic PC
Name of Owner

1400 South Germantown Road
Address

Germantown	TN	38138
City	State	ZIP

901-759-3101
Phone Number

Legal Entity:

□ Individual	□ Limited Liability	X Corporation (For Profit)
□ Corporation (Not for Profit)	□ Government	□ Limited Partnership
□ Joint Venture	□ Professional Limited Liability Company	
X Other Professional Corporation		

List name(s) and addresses of individual owners, partners, directors of the corporation, or head of the government entity. *(If more than two (2), please use ATTACHMENT – B.)*

Campbell Clinic Holdings, PC
(1) Name

1400 South Germantown Road
Address

Germantown	TN	38138
City	State	ZIP

N/A
(2) Name

N/A
Address

N/A

City	State	ZIP

If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? □ Yes □ No

If no, why: N/A

Is this facility chain affiliated? □ Yes X No

If a corporation, is there a holding company? X Yes □ No

If yes, please complete the following information of the holding company.

Campbell Clinic Holdings, PC
Name of Owner

1400 South Germantown Road
Address

Germantown	TN	38138
City	State	ZIP

901-759-3101
Phone Number

Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? X Yes No

If yes, list their names and addresses of all facilities.:

- **Germantown Surgery Center 7887 Wolf River Blvd Germantown, TN 38138**
- **Midtown Surgery Center 255 South Pauline Memphis, TN 38104**
- **Tier 1 Surgery Center 520 W. Jackson Street Cookeville, TN 38501**

Is there a contract with a management firm to operate this facility? □ Yes X No

If yes, please specify the dates of the contract and complete the firm's information.

Start Date: N/A **End Date:** _____

_____
Name of Firm

_____
Address

_____
City **State** **ZIP**

_____
Phone Number

5. LEGAL

If any of the items within this section (LEGAL), please identify, explain, and provide documentation of the item(s) noted if response is "yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states listed, or the management firm listed been subjected to any of the following within the past five (5) years?

Licensure

➢ **Denied a License**	□ **Yes**	**X No**
➢ **Had a license suspended or revoked by any state licensure agency?**	□ **Yes**	**X No**
➢ **Been subject to a final order or judgement in a state licensure action?**	□ **Yes**	**X No**

Convictions

➢ **If convicted of a criminal offense related to that person's involvement in any program under any state or federal health care program – including Medicare, Medicaid, and TriCare?**	□ **Yes**	**X No**

Exclusion			
	➢ Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past?	□ Yes	X No
	(Excluded is defined as a provider or entity has been told by the Department of Health and Human Services, Office of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare.)	□ Yes	X No
Termination/Suspension			
	➢ Suspended or terminated from participation in Medicare or Medicaid/TennCare programs?	□ Yes	X No
Fraud and Abuse	➢ Paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services?	□ Yes	X No
Corporate Integrity Agreement	➢ Is presently an entity covered by and subject the terms of a corporate integrity agreement? (If yes, please provide a copy of CIA.)	□ Yes	X No
Bankruptcy	➢ Filed bankruptcy under any provision of the United States Bankruptcy Code:	□ Yes	X No
Civil Monetary Penalty (CMP)	➢ Paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than $250,000 as a result of an enforcement action during a survey?	□ Yes	X No

6. **On the following items, check all appropriate services to be licensed.**

□ **ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 1211 Union Avenue Suite 500 Memphis, TN 38104

Name Brand of Unit Siemens

Tesla 1.5T

Type (i.e. Close, Short Bore, etc.) Open Bore

Unit's Serial Number 22609

Will the MRI Unit be Accredited?: X Yes □ No

If MRI Unit will be Accredited, is it □ PENDING X ACCREDITED

If ACCREDITED, What Organization? American College of Radiology
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. X Yes □ No

□ **ESTABLISHING PET UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: N/A

Name Brand of Unit N/A

Type (i.e. PET Only, PET/CT, PET/MRI) N/A

Unit's Serial Number N/Af

Will the PET Unit be Accredited?: □ Yes □ No

If PET Unit will be Accredited, is it □ PENDING □ ACCREDITED

If ACCREDITED, What Organization?
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. □ Yes □ No

Pursuant to Tennessee Rule of Civil Procedure 72, I hereby declare under perjury that the information provided in this application is true and correct. Signee for this application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or services for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated §68-11-201 and Rules 0720-.14, 0720-36, and 0720-47 adopted by the Commission effective December 1, 2025. Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA §71-6-103 to report incidents of abuse or neglect.

12/5/25

Signature **Date**

Daniel Shumate

Printed Name

Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

MRI:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

PET:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

(as of December 1, 2025)

ATTACHMENT - A
MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	1211 Union Ave Suite 500 Memphis, TN 38104	Siemens	1.5T	141487	PENDING (January 2025 Installation)	ACR	PENDING (January 2025 Installation)

ACR®
AMERICAN COLLEGE OF RADIOLOGY

American College of Radiology

Magnetic Resonance Imaging Services of

Campbell Clinic

1211 Union Avenue
Memphis, Tennessee 38104

were surveyed by the
Committee on MRI Accreditation of the
Commission on Quality and Safety

The following magnet was approved

Siemens SYMPHONY 2002

For

Spine, MSK

Accredited from:

November 14, 2022 through May 23, 2026

CHAIRMAN, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 06101-01

ACR®
AMERICAN COLLEGE OF RADIOLOGY

Magnetic Resonance Imaging (MRI) Accreditation Approval Report

November 14, 2022

Privileged and Confidential • Peer Review
Release or disclosure of this document is prohibited in accordance with Code of Virginia 8.01-581.17

John A Ellzey, M.D.
Campbell Clinic
1211 Union Avenue
Memphis, Tennessee 38104

SUBJECT: MRAP ID# 06101, Campbell Clinic, Unit # 01

Dear Dr. Ellzey:

The American College of Radiology's Committee on MRI Accreditation is pleased to inform you that the above-named MRI unit has been GRANTED ACCREDITATION for a period of 3 years.

Accreditation is granted if your facility has met all of the testing criteria established by the ACR Committee on MRI Accreditation for 1) clinical image quality and 2) phantom image quality. Your MRI unit's results are presented in the following table:

MRAP ID-Unit #: 06101-01	Unit Year & Manufacturer: 2002 Siemens
Clinical Image Quality	
Spine	**ACCEPTABLE**
Lumbar Spine	ACCEPTABLE
Cervical Spine	ACCEPTABLE
MSK	**ACCEPTABLE**
Knee	ACCEPTABLE
Forefoot	ACCEPTABLE
Phantom Image Quality	**ACCEPTABLE**
Overall Accreditation Outcome	**ACCREDITATION GRANTED**

Standardized scoring procedures were used in the review of all images and data submitted for evaluation:

1. The **clinical images** must be passed by two radiologist reviewers in order to receive accreditation. During the review, image quality categories are scored for each required sequence. Additional comments may be provided by the reviewers to further improve image quality. They are recorded in the clinical image evaluation section of this report.

2. The **phantom images** are scored and evaluated by two medical physicists, using standardized evaluation methods. The submitted phantom images, pulse sequence parameters and measured phantom results must be judged to be adequate. Additional comments may be provided by the reviewers to improve image quality. They appear in the phantom evaluation section of this report.

Requirements for Maintaining Accreditation

- Please post the ACR Accreditation Certificate in a location visible to patients.
- As soon as possible, you must update your records on your accreditation home page if your facility:

1. Changes **supervising radiologist** (i.e., lead interpreting physician), **total radiology group**, all **MRI technologists, facility owner** or **address.**
2. Changes (i.e., removes, adds or replaces) its MRI unit so that we may advise you of the appropriate required testing to maintain accreditation.
3. Changes in unit type (i.e., if the unit begins to regularly perform examinations from a module it is not currently accredited for). Additional testing may be required to maintain accreditation.
4. Changes to your Medicare Enrollment number and/or National Provider Identifier (if applicable).
5. Is permanently closing.

- Approximately 8 months prior to the expiration of your accreditation, we will notify you to begin the accreditation renewal process. The entire process should take approximately six months so it will be important to return these completed materials in a timely manner so that your accreditation does not expire. Expiration of your accreditation could affect reimbursement or payers.

- It is expected that your facility will continue to maintain the demonstrated level of quality. If requested by the ACR, you must participate in either a mailed review of image quality or an on-site survey by an ACR team. Failure to participate in a requested review or on-site survey could result in a revocation of accreditation.

- Facilities can download the new ACR certification mark and add this to reports, letterhead and referral pads.

- Although you may advertise the ACR accreditation status of your MRI equipment, the ACR logo may not be used in your advertisements. ACR RADIOLOGY is a registered trademark and service mark of the American College of Radiology.

- All records, reports, and other documentation collected as part of an American College of Radiology accreditation or peer review activity are considered privileged and confidential communications under Section 8.01-581.17 of the Code of Virginia.

The ACR's Committee on MRI Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please visit the ACR accreditation support website at accreditationsupport.acr.org or call the ACR MRI Accreditation Information Line at (800) 770-0145 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession.

Sincerely yours,

Thomas Knight, M.D., Chairman
Committee on MRI Accreditation

I. Clinical Image Evaluation

The following are all of the attributes evaluated by the clinical image reviewers. An "X" next to a specific attribute represents a characteristic that is suboptimal and should be corrected.

LUMBAR SPINE

A. PULSE SEQUENCES AND IMAGE CONTRAST

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial dark fluid and/or bright fluid
Non-anatomic heterogeneous signal intensity of cord	[ ]	[ ]	[ ]
Nerve roots are not clearly defined	[ ]		[ ]
Fat is so intense that it masks fat/muscle planes	[ ]		[ ]
Low SNR	[ ]	[ ]	[ ]
Sequence not submitted	[ ]	[ ]	[ ]
CSF not hyperintense with the cord/nerve roots so that cord margins are not clearly defined		[ ]	

C. ANATOMIC COVERAGE AND IMAGING PLANES

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial dark fluid and/or bright fluid
Does not cover T12-S2 inclusive	[ ]	[ ]	
Does not cover from and through one pedicle, all the way through to the contra-lateral pedicle inclusive	[ ]	[ ]	
Does not cover the L3-4, L4-5, and L5-S1 levels including each disc and contiguous endplates			[ ]

D. SPATIAL AND TEMPORAL RESOLUTION

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial dark fluid and/or bright fluid
Slice thickness > 5.0mm	[ ]	[ ]	
Gap > 1.5 mm	[ ]	[ ]	
Pixel area > 1.5 mm^2	[ ]	[ ]	[ ]
Slice thickness > 4.0 mm			[ ]
Gap > 1.0 mm			[ ]

E. ARTIFACTS

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial dark fluid and/or bright fluid
Excessive aliasing	[ ]	[ ]	[ ]
Parallel imaging	[ ]	[ ]	[ ]
Excessive truncation	[ ]	[ ]	[ ]
Excessive black boundary	[ ]	[ ]	[ ]
Excessive heterogeneous brightness	[ ]	[ ]	[ ]
Excessive heterogeneous fat suppression	[ ]	[ ]	[ ]
Excessive susceptibility	[ ]	[ ]	[ ]
Excessive chemical shift	[ ]	[ ]	[ ]
Excessive ghosting (including motion)	[ ]	[ ]	[ ]
Excessive geometric distortion	[ ]	[ ]	[ ]
Excessive filtering	[ ]	[ ]	[ ]
Excessive misregistration 2D images	[ ]	[ ]	[ ]
Excessive misregistration Subtraction Images	[ ]	[ ]	[ ]
Excessive ringing	[ ]	[ ]	[ ]
Excessive stair step or Venetian blind	[ ]	[ ]	[ ]
Excessive reformatting artifacts	[ ]	[ ]	[ ]
RF leak (zipper artifact)	[ ]	[ ]	[ ]

F. EXAM IDENTIFICATION: MISSING INFORMATION

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial dark fluid and/or bright fluid
Patient name (first and last) NOTE: Lack of a patient name is presumably intentional for patient confidentiality	[ ]	[ ]	[ ]
Patient age or date of birth	[ ]	[ ]	[ ]
Patient identification number	[ ]	[ ]	[ ]
Date of examination	[ ]	[ ]	[ ]
Type of sequence (Reviewer may refer to DICOM tag #0018002 for this information)	[ ]	[ ]	[ ]
TR	[ ]	[ ]	[ ]
TE	[ ]	[ ]	[ ]
TI (if applicable)	[ ]	[ ]	[ ]
Flip angle (if other than 90 degrees)	[ ]	[ ]	[ ]
Slice thickness	[ ]	[ ]	[ ]
Trigger delay (in msec) of image during cardiac cycle	[ ]	[ ]	[ ]
Interslice gap (may be inferred from slice position)	[ ]	[ ]	[ ]
Field-of-view	[ ]	[ ]	[ ]
Acquired matrix (number of frequency encoding steps and number of phase encoding steps)	[ ]	[ ]	[ ]
Acquisition time (indicated or easily calculated)	[ ]	[ ]	[ ]
Size scale (e.g., scored lines indicating centimeters)	[ ]	[ ]	[ ]
Contrast use	[ ]	[ ]	[ ]
B values	[ ]	[ ]	[ ]
Location	[ ]	[ ]	[ ]
Laterality, left or right of midline section	[ ]	[ ]	[ ]
Label that indicates location of slice relative to other slices	[ ]	[ ]	[ ]
Facility name	[ ]	[ ]	[ ]

ADDITIONAL COMMENTS

CERVICAL SPINE

A. PULSE SEQUENCES AND IMAGE CONTRAST

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial bright fluid
Non-anatomic heterogeneous signal intensity of cord	[ ]	[ ]	[ ]
CSF not hypointense relative to the cord/nerve roots so that cord/nerve roots are not clearly defined	[ ]		
Fat is so intense that it masks fat/muscle planes	[ ]		
Low SNR	[ ]	[ ]	[ ]
Sequence not submitted	[ ]	[ ]	[ ]
CSF not hyperintense relative to the cord/nerve roots so that cord margins are not clearly defined		[ ]	
CSF not hyperintense relative to the cord/nerve roots so that cord/nerve roots are not clearly defined			[ ]

C. ANATOMIC COVERAGE AND IMAGING PLANES

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial bright fluid
Did not cover foramen magnum to T1 and laterally through the neural foramina	[ ]	[ ]	
Does not cover contiguously from C3 to T1			[ ]

D. SPATIAL AND TEMPORAL RESOLUTION

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial bright fluid
Slice thickness > 3.0 mm	[ ]	[ ]	[ ]
Gap > 1.0 mm	[ ]	[ ]	[ ]
Pixel area > 1.0 mm^2	[ ]	[ ]	[ ]

E. ARTIFACTS

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Axial bright fluid
Excessive aliasing	[ ]	[ ]	[ ]
Parallel imaging	[ ]	[ ]	[ ]
Excessive truncation	[ ]	[ ]	[ ]
Excessive black boundary	[ ]	[ ]	[ ]
Excessive heterogeneous brightness	[ ]	[ ]	[ ]
Excessive heterogeneous fat suppression	[ ]	[ ]	[ ]
Excessive susceptibility	[ ]	[ ]	[ ]
Excessive chemical shift	[ ]	[ ]	[ ]
Excessive ghosting (including motion)	[ ]	[ ]	[ ]
Excessive geometric distortion	[ ]	[ ]	[ ]
Excessive filtering	[ ]	[ ]	[ ]
Excessive misregistration 2D images	[ ]	[ ]	[ ]
Excessive misregistration Subtraction Images	[ ]	[ ]	[ ]
Excessive ringing	[ ]	[ ]	[ ]
Excessive stair step or Venetian blind	[ ]	[ ]	[ ]
Excessive reformatting artifacts	[ ]	[ ]	[ ]
RF leak (zipper artifact)	[ ]	[ ]	[ ]

F. EXAM IDENTIFICATION: MISSING INFORMATION

Deficiency	Sagittal dark fluid	Sagittal bright fluid	Sagittal bright fluid
Patient name (first and last) NOTE: Lack of a patient name is presumably intentional for patient confidentiality	[ ]	[ ]	[ ]
Patient age or date of birth	[ ]	[ ]	[ ]
Patient identification number	[ ]	[ ]	[ ]
Date of examination	[ ]	[ ]	[ ]
Type of sequence (Reviewer may refer to DICOM tag #0018002 for this information)	[ ]	[ ]	[ ]
TR	[ ]	[ ]	[ ]
TE	[ ]	[ ]	[ ]
TI (if applicable)	[ ]	[ ]	[ ]
Flip angle (if other than 90 degrees)	[ ]	[ ]	[ ]
Slice thickness	[ ]	[ ]	[ ]
Trigger delay (in msec) of image during cardiac cycle	[ ]	[ ]	[ ]
Interslice gap (may be inferred from slice position)	[ ]	[ ]	[ ]
Field-of-view	[ ]	[ ]	[ ]
Acquired matrix (number of frequency encoding steps and number of phase encoding steps)	[ ]	[ ]	[ ]
Acquisition time (indicated or easily calculated)	[ ]	[ ]	[ ]
Size scale (e.g., scored lines indicating centimeters)	[ ]	[ ]	[ ]
Contrast use	[ ]	[ ]	[ ]
B values	[ ]	[ ]	[ ]
Location	[ ]	[ ]	[ ]
Laterality, left or right of midline section	[ ]	[ ]	[ ]
Label that indicates location of slice relative to other slices	[ ]	[ ]	[ ]
Facility name	[ ]	[ ]	[ ]

ADDITIONAL COMMENTS

KNEE

A. PULSE SEQUENCES AND IMAGE CONTRAST

Deficiency	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal, sagittal or axial dark fluid (not PD weighted)	Transverse bright fluid with or without fat suppression
Poor contrast between menisci and articular cartilage	[ ]				
Poor contrast between menisci and joint fluid	[ ]				
No fat suppression on at least one sagittal or coronal sequence	[ ]	[ ]			
Low SNR	[ ]	[ ]	[ ]		[ ]
Sequence not submitted	[ ]	[ ]	[ ]	[ ]	[ ]
Articular cartilage, cruciate ligaments, and extensor mechanism are not defined		[ ]			
Fluid not bright relative to articular cartilage and fibrocartilage		[ ]			
Cruciate and collateral ligaments are not defined			[ ]		[ ]
Poor definition of articular cartilage			[ ]		
Poor contrast between joint fluid and articular cartilage and menisci			[ ]		
Fluid not bright			[ ]		[ ]
Trabeculae and cortex are not sharply defined				[ ]	
Poor definition of menisci				[ ]	
Poor definition of skeletal muscles, collateral ligaments and other extra-articular structures				[ ]	
Poor definition of fat and non-fat tissues				[ ]	
Poor contrast between joint fluid and articular cartilage					[ ]

C. ANATOMIC COVERAGE AND IMAGING PLANES

Deficiency	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal, sagittal or axial dark fluid (not PD weighted)	Transverse bright fluid with or without fat suppression
Does not cover entire menisci, including any potentially-displaced fragments	[ ]				
Does not cover entirety width of tibia and fibula		[ ]			
Does not include suprapatellar recess, distal quadriceps tendon and tibial tubercle		[ ]			
Does not cover entire knee from above patella through distal MCL insertion			[ ]	[ ]	
Does not cover patella through popliteal vessels			[ ]	[ ]	
Does not cover entire patella and tibial tubercle					[ ]
Does not include all anterior, posterior, medial and lateral soft tissues					[ ]

D. SPATIAL AND TEMPORAL RESOLUTION

Deficiency	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal, sagittal or axial dark fluid (not PD weighted)	Transverse bright fluid with or without fat suppression
Slice thickness > 4.0 mm	[ ]	[ ]	[ ]	[ ]	[ ]
Gap > 1.0 mm	[ ]	[ ]	[ ]	[ ]	[ ]
Pixel area > 0.6 mm^2	[ ]	[ ]	[ ]	[ ]	[ ]

E. ARTIFACTS

Deficiency	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal, sagittal or axial dark fluid (not PD weighted)	Transverse bright fluid with or without fat suppression
Excessive aliasing	[ ]	[ ]	[ ]	[ ]	[ ]
Parallel imaging	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive truncation	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive black boundary	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive heterogeneous brightness	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive heterogeneous fat suppression	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive susceptibility	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive chemical shift	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive ghosting (including motion)	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive geometric distortion	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive filtering	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive misregistration 2D images	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive misregistration Subtraction Images	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive ringing	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive stair step or Venetian blind	[ ]	[ ]	[ ]	[ ]	[ ]
Excessive reformatting artifacts	[ ]	[ ]	[ ]	[ ]	[ ]
RF leak (zipper artifact)	[ ]	[ ]	[ ]	[ ]	[ ]

F. EXAM IDENTIFICATION: MISSING INFORMATION

Deficiency	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal, sagittal or axial dark fluid (not PD weighted)	Transverse bright fluid with or without fat suppression
Patient name (first and last) NOTE: Lack of a patient name is presumably intentional for patient confidentiality	[ ]	[ ]	[ ]	[ ]	[ ]
Patient age or date of birth	[ ]	[ ]	[ ]	[ ]	[ ]
Patient identification number	[ ]	[ ]	[ ]	[ ]	[ ]
Date of examination	[ ]	[ ]	[ ]	[ ]	[ ]
Type of sequence (Reviewer may refer to DICOM tag #0018002 for this information)	[ ]	[ ]	[ ]	[ ]	[ ]
TR	[ ]	[ ]	[ ]	[ ]	[ ]
TE	[ ]	[ ]	[ ]	[ ]	[ ]
TI (if applicable)	[ ]	[ ]	[ ]	[ ]	[ ]
Flip angle (if other than 90 degrees)	[ ]	[ ]	[ ]	[ ]	[ ]
Slice thickness	[ ]	[ ]	[ ]	[ ]	[ ]
Trigger delay (in msec) of image during cardiac cycle	[ ]	[ ]	[ ]	[ ]	[ ]
Interslice gap (may be inferred from slice position)	[ ]	[ ]	[ ]	[ ]	[ ]
Field-of-view	[ ]	[ ]	[ ]	[ ]	[ ]
Acquired matrix (number of frequency encoding steps and number of phase encoding steps)	[ ]	[ ]	[ ]	[ ]	[ ]
Acquisition time (indicated or easily calculated)	[ ]	[ ]	[ ]	[ ]	[ ]
Size scale (e.g., scored lines indicating centimeters)	[ ]	[ ]	[ ]	[ ]	[ ]
Contrast use	[ ]	[ ]	[ ]	[ ]	[ ]
B values	[ ]	[ ]	[ ]	[ ]	[ ]
Location	[ ]	[ ]	[ ]	[ ]	[ ]
Laterality, left or right of midline section	[ ]	[ ]	[ ]	[ ]	[ ]
Label that indicates location of slice relative to other slices	[ ]	[ ]	[ ]	[ ]	[ ]
Facility name	[ ]	[ ]	[ ]	[ ]	[ ]

[ ] Exam does not include at least one bright fluid sequence with fat suppression

ADDITIONAL COMMENTS

FOREFOOT

A. PULSE SEQUENCES AND IMAGE CONTRAST

Deficiency	Short axis dark fluid (perpendicular to the metatarsals)	Short axis (perpendicular to the metatarsals) bright fluid with fat suppression	Long axis (parallel to the metatarsals and plantar surface) bright fluid with fat suppression	Sagittal (Parallel to the metatarsals)
Trabeculae and cortex not sharply defined	[ ]			[ ]
Poor definition of surrounding soft tissues	[ ]	[ ]	[ ]	[ ]
Poor contrast between fat and non-fat tissues	[ ]			
Tendons not well discriminated	[ ]	[ ]	[ ]	[ ]
Metatarsophalangeal joint capsule not visualized	[ ]	[ ]	[ ]	
Poor visualization of plantar plate	[ ]	[ ]		
Low SNR	[ ]	[ ]	[ ]	[ ]
Sequence not submitted	[ ]	[ ]	[ ]	[ ]
Poor discrimination between tissue and fluid		[ ]	[ ]	

C. ANATOMIC COVERAGE AND IMAGING PLANES

Deficiency	Short axis dark fluid (perpendicular to the metatarsals)	Short axis (perpendicular to the metatarsals) bright fluid with fat suppression	Long axis (parallel to the metatarsals and plantar surface) bright fluid with fat suppression	Sagittal (Parallel to the metatarsals)
Does not include PIP joint	[ ]	[ ]		
Does not include at least the distal half of all metatarsals	[ ]	[ ]	[ ]	[ ]
Does not align perpendicular to the long axis of the metatarsals	[ ]	[ ]		
Does not cover entire soft tissues of forefoot	[ ]	[ ]	[ ]	[ ]
Does not include tips of toes			[ ]	[ ]
Does not align parallel to the long axis of the metatarsals			[ ]	
Does not align perpendicular to the long axis sequence and parallel to the long axis of the metatarsals				[ ]

D. SPATIAL AND TEMPORAL RESOLUTION

Deficiency	Short axis dark fluid (perpendicular to the metatarsals)	Short axis (perpendicular to the metatarsals) bright fluid with fat suppression	Long axis (parallel to the metatarsals and plantar surface) bright fluid with fat suppression	Sagittal (Parallel to the metatarsals)
Slice thickness > 3.0 mm	[ ]	[ ]	[ ]	[ ]
Gap > 0.3 mm	[ ]	[ ]	[ ]	[ ]
Pixel area > 0.4 mm^2	[ ]	[ ]	[ ]	[ ]

E. ARTIFACTS

Deficiency	Short axis dark fluid (perpendicular to the metatarsals)	Short axis (perpendicular to the metatarsals) bright fluid with fat suppression	Long axis (parallel to the metatarsals and plantar surface) bright fluid with fat suppression	Sagittal (Parallel to the metatarsals)
Excessive aliasing	[ ]	[ ]	[ ]	[ ]
Parallel imaging	[ ]	[ ]	[ ]	[ ]
Excessive truncation	[ ]	[ ]	[ ]	[ ]
Excessive black boundary	[ ]	[ ]	[ ]	[ ]
Excessive heterogeneous brightness	[ ]	[ ]	[ ]	[ ]
Excessive heterogeneous fat suppression	[ ]	[ ]	[ ]	[ ]
Excessive susceptibility	[ ]	[ ]	[ ]	[ ]
Excessive chemical shift	[ ]	[ ]	[ ]	[ ]
Excessive ghosting (including motion)	[ ]	[ ]	[ ]	[ ]
Excessive geometric distortion	[ ]	[ ]	[ ]	[ ]
Excessive filtering	[ ]	[ ]	[ ]	[ ]
Excessive misregistration 2D images	[ ]	[ ]	[ ]	[ ]
Excessive misregistration Subtraction images	[ ]	[ ]	[ ]	[ ]
Excessive ringing	[ ]	[ ]	[ ]	[ ]
Excessive stair step or Venetian blind	[ ]	[ ]	[ ]	[ ]
Excessive reformatting artifacts	[ ]	[ ]	[ ]	[ ]
RF leak (zipper artifact)	[ ]	[ ]	[ ]	[ ]

F. EXAM IDENTIFICATION: MISSING INFORMATION

Deficiency	Short axis dark fluid (perpendicular to the metatarsals)	Short axis (perpendicular to the metatarsals) bright fluid with fat suppression	Long axis (parallel to the metatarsals and plantar surface) bright fluid with fat suppression	Sagittal (Parallel to the metatarsals)
Patient name (first and last) NOTE: Lack of a patient name is presumably intentional for patient confidentiality	[ ]	[ ]	[ ]	[ ]
Date of examination	[ ]	[ ]	[ ]	[ ]
Patient age or date of birth	[ ]	[ ]	[ ]	[ ]
Patient identification number	[ ]	[ ]	[ ]	[ ]
Type of sequence (Reviewer may refer to DICOM tag #0018002 for this information)	[ ]	[ ]	[ ]	[ ]
TR	[ ]	[ ]	[ ]	[ ]
TE	[ ]	[ ]	[ ]	[ ]
TI (if applicable)	[ ]	[ ]	[ ]	[ ]
Flip angle (if other than 90 degrees)	[ ]	[ ]	[ ]	[ ]
Slice thickness	[ ]	[ ]	[ ]	[ ]
Trigger delay (in msec) of image during cardiac cycle	[ ]	[ ]	[ ]	[ ]
Interslice gap (may be inferred from slice position)	[ ]	[ ]	[ ]	[ ]
Field-of-view	[ ]	[ ]	[ ]	[ ]
Acquired matrix (number of frequency encoding steps and number of phase encoding steps)	[ ]	[ ]	[ ]	[ ]
Acquisition time (indicated or easily calculated)	[ ]	[ ]	[ ]	[ ]
Size scale (e.g., scored lines indicating centimeters)	[ ]	[ ]	[ ]	[ ]
Contrast use	[ ]	[ ]	[ ]	[ ]
B values	[ ]	[ ]	[ ]	[ ]
Location	[ ]	[ ]	[ ]	[ ]
Laterality, left or right of midline section	[ ]	[ ]	[ ]	[ ]
Label that indicates location of slice relative to other slices	[ ]	[ ]	[ ]	[ ]
Facility name	[ ]	[ ]	[ ]	[ ]

[ ] Exam does not include at least one bright fluid sequence with fat suppression

ADDITIONAL COMMENTS

II. Phantom Image Evaluation

LARGE PHANTOM

MRAP ID # 06101	Unit #: 01	Manufacturer: Siemens	Year: 2002
Evaluation Criterion			**Evaluation**
Measured Phantom Results:			
High Contrast Spatial Resolution			Adequate
Slice Thickness Accuracy			Adequate
Geometric Accuracy			Adequate
Low-Contrast Object Detectability			Adequate
Image Intensity Uniformity			Adequate
Percent signal ghosting			Adequate
Slice Position Accuracy			Adequate
Other Image Artifacts			Adequate
Artifacts observed:			
Excessive Ghosting			YES
Excessive Truncation Artifacts			NO
RF Noise Leaks			NO
Quad Phase/DC Offset			NO
Aliasing			YES
Geometric Distortion			NO
Reconstruction Artifacts			NO
Other (See comments below)			NO
Other comments:			