



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TERMINATION REQUEST OF MAMMOGRAPHY CERTIFICATION

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

Phone #: (737) 218-7087
Fax #: (512) 206-3787
Email: MammographyBranch@dshs.texas.gov

Before the Certification of Mammography Systems can be terminated, the information below must be submitted.

Note: Do not use this form for Medical Radiation Machines, Laser and Laser Services or Industrial Radiation Machines, or Radiation Machine Services.

I request termination of:

Certification Number: **M** _____ Accredited by: STX ACR FDA # _____

Legal Name of Facility: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ *Correspondence will be sent to this email.*

Storage Location of Clinical Images and Medical Reports: *Note: If at any time the Custodian of mammograms or storage location changes, you must notify this Agency.*

Name of Custodian for Mammograms: _____

Phone number: _____ Email address: _____

Address of storage location: _____

MAMMOGRAPHY UNIT INFORMATION

Complete the following information for each mammography unit which is no longer in use. The manufacturer name and serial name must match those listed on the Certification of Mammography Systems.

1. Mammography Unit:

Stored/Inoperable Transferred/Sold Disposed Date: _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

2. Mammography Unit:

Stored/Inoperable Transferred/Sold Disposed Date: _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

(Continue on page 2 for additional equipment)

SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:

(Example: RSO, President, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME

PRINTED TITLE

SIGNATURE

DATE

ADDITIONAL EQUIPMENT INFORMATION

Registration Number: M

3. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

4. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

5. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

6. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

7. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

8. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

9. Mammography Unit:

Stored/Inoperable **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____