Tufts University Body Composition Analysis Center

DXA QC SUBMISSION CHECKLIST

Please include this form with data submission.

Study Name: ______________________ Site Number: ______________________
Date Sent: ______________________

Technician's name: ______________________________________________________
Phone number: ______________________ E-mail: ______________________

1. Specify the following information about the type of instrument used:
   a. Manufacturer: ______________________
   b. Model Number/Serial Number: ______________________
   c. Software Version: ______________________

2. Was there any maintenance performed on the densitometer this month?: ___ Yes ___ No
   2a. If Yes, when was the service performed? ______________________

3. Check each of the following included in data submission:
   ______ BMD QC Plot printout
   ______ BMC QC Plot printout
   ______ AREA QC Plot printout
   ______ Field Service Report (only applicable if answered “Yes” to #2)

4. Does the date range on the QC Plots encompass six months prior to study involvement, up until the present date?
   ___ Yes ___ No (if no, provide brief explanation below)
   ______________________
   ______________________

5. How were the data sent?
   ___ Fax ___ Mail

Fax this form and all applicable printouts to:
Andrea Desilets: 617-636-3662

OR

Mail this form and all applicable printouts to:
Andrea Desilets, 150 Harrison Ave., Jaharis 212, Boston, MA 02111