

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