

VCP ___ Phantom Data Form

FROM:

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RE: VCP-___ DXA Whole Body Phantom

In order to make sure that the differences between the DXA instruments at the various clinical sites are minimized and accounted for, we are now sending around to each site the whole body phantom. Please scan this phantom according to the directions enclosed. We are requesting a one week turn around period in order to reach all the sites in a timely manner.

Enclosed is a set of instructions. Please fill out the bottom of this sheet and return it along with all 12 of the DXA scans saved to diskettes.

Thank you for your support. If I can be of further assistance, please do not hesitate to contact me.

SITE # _____

DATE OF SCAN _____

TECHNICIAN PERFORMING
SCAN _____

MAKE/MODEL SCANNER AND SOFTWARE VERSION
