

**American College of Surgeons
Stereotactic Breast Biopsy Accreditation Program**

STEREOTACTIC BREAST BIOPSY SURVEY AGREEMENT

The undersigned hereby request(s) a survey of the quality of stereotactic breast biopsy service being performed at the location(s) listed below. The purpose of this request is to apply for stereotactic accreditation at the listed location(s):

Location(s): _____

The American College of Surgeons (ACS) will render an objective review in regard to the findings and in regard to whether or not the stereotactic breast biopsy services should be accredited by the ACS.

As a condition of receiving the requested survey, the Supervising Physician and Facility Representative agree to:

1. Submit with the survey application a non-refundable fee for an accreditation survey, which is based upon the number of individual stereotactic breast biopsy units to be reviewed. The first unit will be charged at a rate of \$1600, with additional units charged at \$1400 each.
2. Obtain the designated accreditation phantom described in the Introductory Memorandum, remit the fee for the phantom directly to the manufacturer.
3. Provide, in a timely manner, all materials, including survey agreement, entry application, verification checklist and required documents, clinical images, phantom images, dosimeter and QC data, necessary to evaluate the stereotactic breast biopsy services for accreditation purposes.
4. Upon timely notice and if requested by the ACS, submit to a pre-accreditation and/or ACS post-accreditation on-site visit conducted by a survey team designated by the ACS. In connection with the on-site survey, agree to cooperate fully with the survey team and provide all documentation, including but not limited to QC logs, images, records, or any necessary information requested by the survey team.
5. Provide immediate written notice of change of supervising physician or stereotactic breast biopsy unit to the ACS.

6. Agree to receipt of final written report and any peer review information by supervising physician.
7. Ensure that all accreditation criteria are initially met and continue to be complied with during the accreditation period, **including ensuring the stereotactic breast biopsy procedures at this facility are not performed by any individual who does not meet all of the qualifications as described in the Program Requirements.**
8. All records, reports, and other documentation collected as part of an ACS accreditation or peer review activity are considered privileged and confidential communications under Chapter 225, Section 60/5 of the Illinois Compiled Statutes.

The undersigned, in an individual and agency capacity, hereby release and discharge the American College of Surgeons, its directors, officers, members, agents, volunteers, and employees from and against any and all claims, suits, damages, losses, expenses (including attorneys' fees), and liabilities by reason of, arising out of, or related to participation in the aforesaid survey of the practice of stereotactic breast biopsy, including but not limited to any such claims or other matters based on alleged or actual negligence, antitrust, misconduct, defamation, personal injury or economic loss, and any actions that may be taken by others as a result of the survey.

The above obligations are agreed to and understood. These obligations will survive the grant or denial of accreditation by the American College of Surgeons.

Executed on _____, 20____

Signature of Supervising Physician

Print Name of Supervising Physician

Facility Name

Executed on _____, 20____

Signature of Facility President/CEO

Print Name of Facility President/CEO