

CAR Mammography Accreditation Program – Organized Case Review Template

Date:

I attest that that I participated in an organized case review led by a peer radiologist who has been approved by CAR MAP for at minimum 3 years

The cases were as outlined in the table below.

BI-RADS 6	BI-RADS 5	BI-RADS 4	BI-RADS 3	BI-RADS 2	BI-RADS 1	BI-RADS 0

**Total number of cases reviewed:** \_\_\_\_\_

Name of Organizer:

Signature of Organizer:

Name of Participant:

Signature of Participant: