

FETAL MEDICINE FOUNDATION USA ANNUAL RE-ACCREDITATION

Your name: _____ FMF ID number: _____ Center ID number: _____

MD RDMS, ID number and expiration date: _____ Other: _____

Please complete the following address information and ✓ where you would like correspondence sent:

Practice/Affiliation _____ home/residence

(name of practice)

address: _____

address: _____

e-mail address: _____ phone: _____

For **annual re-accreditation**, please submit **5** random NT images **and** data. (If you have earned nasal bone and/or tricuspid flow accreditations, please send an additional 5 images for each accreditation. The films can be sent by e-mail or post.

Please select one or more of the following regarding your data file:

- I have performed less than 30 NT scans in the past year, therefore, my re-accreditation will be based on the film submission alone.
- I send my NT measurements to a lab for risk calculation. I give permission to the FMF to contact the lab for my data file, I understand that no identifiable patient information will be included in this file in compliance with HIPPA. I may also request the lab to send the data file for me to:
USAaudit@fetalmedicine.com

_____ consent by signature: _____

(name of lab)

(signature)

- I use the First Trimester Screening software and will export my data file. (Please contact: USAaudit@fetalmedicine.com if you are uncertain how to do this.)
- Other, please contact USAaudit@fetalmedicine.com for more information.

Please send all **audit/re-accreditation** materials to:

Cathy Downing, RT, RDMS, RVT
USA Audit

Fetal Medicine Foundation USA

6941 Greeley Avenue

Dayton, OH 45424

e-mail: USAaudit@fetalmedicine.com

phone: 937-208-8382

cell: 937-416-4248

fax: 937-208-6124

Please send all **new accreditations** materials to:

NaomiGreene, MPH, RDMS, RDMS

USA Screening Coordinator

Fetal Medicine Foundation USA

3940 Laurel Canyon Blvd, #838

Studio City, CA 91604

e-mail NaomiHG@fetalmedicine.com

phone: 818-395-0611

website: www.fetalmedicine.com/usa