FETAL MEDICINE FOUNDATION USA

NT /NASAL BONE /TRICUSPID FLOW /DUCTUS VENOSUS / UTERINE ARTERY

FILM SUBMISSION PROCESS

Fetal Medicine Foundation ID number*:

our name:
-mail:
Il images submitted for accreditation must be no more than 2 months old on the day they are uploaded or mailed.
he date and time of the scan must be left visible on each image. No 2 images may have the same date/time. If you
re scanning after someone whose name/initials are entered into the system heading, please make sure to type your

You can submit films for NT and/or NB,TF, DV, Uterine Artery Certificate(s) of Competence together or separately. Please note you must be FMF accredited in NT measurement before, or at the same time as, applying for further accreditations. **Only NT is required for you to offer first trimester screening**; NB, TF, DV, and Uterine Artery are optional.

Please include a copy of this Film Submission Form each time you send images through the US Mail. No form is required if you upload images to your Personal FMF Page. E-mail guestions to Naomi Greene (NaomiHG@fetalmedicine.com).

own name/initials somewhere on the screen. Please cross/block out the patient name.

- 1. For NT credentialing: Send **ONLY 3 still images of NT measurements.** You may send NT images on the same fetus taken at different times during your exam of that fetus. Please **leave the date/time showing**.
- 2. Please send a check made out to the **Fetal Medicine Foundation USA** for the one-time only fee of \$100 (per person) due when beginning the NT film submission process with your first set of images. This fee may also be paid online with a credit card on our secure server at http://www.fetalmedicineusa.com/paypal.php.
- 3. OPTIONAL: If you wish to submit images for NB and/or tricuspid and/or ductus venosus credentialing, you will now need to take a short (5 minute) image review and image-scoring quiz before proceeding with credentialing. Please log into the FMF site where you took the original online course and scroll down to Audit/Licensing then click on: "If you want to obtain a Certificate of competence in the 11-13 weeks scan, or to submit your audit please click here". Then choose nasal bone/tricuspid/ductus venosus from the Audit list and follow the instructions for taking the short test. Submit 3 images for NB/tricuspid/ductus venosus these will be scanned and cropped and returned to you by e-mail so you can upload them after passing the short quiz. Note that no abnormal images are required, all 3 can be normal cases.

For tricuspid, ductus venosus, and uterine artery images, make sure that the Doppler gate size, and the angle corrector tool, sweep speed, and wall filter settings are visible on your images. Doppler tracings are REQUIRED in each image.

Mail images and/or check to:

Naomi Greene PhD, RDMS, RDCS FMF USA

<u>12207 Hillslope St.</u> Studio City, CA 91604

Note NEW MAILING ADDRESS

^{*}Your FMF ID number will not be recognized by labs until the credentialing process has been completed.