

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Imaging Efficiency

SAMPLE BALLOT

MEASURE-BY-MEASURE

- Measure 1. **IEP-005-10: Pulmonary CT Imaging for Pulmonary Embolism**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.
- Measure 2. **IEP-007-10: Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.
- Measure 3. **IEP-010-10 Cardiac Imaging for Non-Cardiac Low-Risk Surgery**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.
- Measure 4. **IEP-014-10 Cardiac stress imaging not meeting appropriate use criteria - Preoperative evaluation in low risk surgery patients**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.
- Measure 5. **IEP-015-10 Cardiac stress imaging not meeting appropriate use criteria - Routine testing after PCI**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.
- Measure 6. **IEP-016-10 Cardiac stress imaging not meeting appropriate use criteria - Testing in asymptomatic, low risk patients**
____ I approve the measure as currently specified.
____ I disapprove the measure as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)
____ I abstain from voting on this measure.