

Minnesota Department of Health  
Radiation Control, X-ray Unit

# CT Repeat/Reject Analysis Worksheet

Analysis Period: \_\_\_\_\_ to \_\_\_\_\_ Total # Series: \_\_\_\_\_

Item	Number of Series	Total Number	Total Percentage
Artifact			
Contrast sensitivity			
Incorrect labeling			
Infiltrate			
Injector failure			
Insufficient technique			
Motion			
Oral contrast concern			
Poor circulation time			
Positioning			
Residual contrast			
Respiratory gating problem			
Scanner malfunction/down			
Wrong injection rate			
Wrong injection site			
Wrong side/wrong exam			

CT Repeat Rate =  $\frac{\text{Total Number of Repeated Series}}{\text{Total Number of Series}} \times 100$

OR

Quarterly Repeat Rate = \_\_\_\_\_

Individual Cause Repeat Rate =  $\frac{\text{Total Number of Repeat Series for that cause}}{\text{Total Number of Repeated Series}} \times 100$



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