**DEPARTMENTAL DATA COLLECTION TOOL**

**MONTH \_\_\_\_\_\_\_«MONTH»\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IMAGING : ULTRASOUND** | | | | | | | | | | |
|  | **NEW CLIENTS** | | ***«NEW»*** | **OLD CLIENTS** | | | **«*OLD*»** | **TOTAL** | | **«*TOTAL*»** |
|  | **NUMBER OF STAFF** | | |  | **AVERAGE PER STAFF** | | | | |  |
| **AGE GROUPS** | **< 1** | | **1 - 5** | | **6 – 15** | | **16 - 44** | | **45+** | |
| **SEX** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| **ABDOMINAL** |  |  |  |  |  |  |  |  |  |  |
| **ABDOMINO – PELVIC** |  |  |  |  |  |  |  |  |  |  |
| **PELVIC** |  |  |  |  |  |  |  |  |  |  |
| **OBSTETRIC** |  |  |  |  |  |  |  |  |  |  |
| **SMALL PARTS (THYROID, BREAST, SCROTUM, EYE, SKIN)** |  |  |  |  |  |  |  |  |  |  |
| **VASCULAR (DOPPLER – ARTERIES AND VEINS)** |  |  |  |  |  |  |  |  |  |  |
| **ELECTROCARDIOGRAPHY** |  |  |  |  |  |  |  |  |  |  |
| **CARDIAC ULTRASOUND** |  |  |  |  |  |  |  |  |  |  |
| **ULTRASOUND GUIDED (BIOPSY AND ASPIRATION)** |  |  |  |  |  |  |  |  |  |  |
| **ELASTOGRAPHY** |  |  |  |  |  |  |  |  |  |  |
| **BURKITT’S LYMPHOMA STUDY** |  |  |  |  |  |  |  |  |  |  |
| **IMAGING : XRAY** | | | | | | | | | | |
|  | **NEW CLIENTS** | |  | **OLD CLIENTS** | | |  | **TOTAL** | |  |
|  | **NUMBER OF STAFF** | | |  | **AVERAGE PER STAFF** | | | | |  |
| **AGE GROUPS** | **< 1** | | **1 - 5** | | **6 – 15** | | **16 - 44** | | **45+** | |
| **SEX** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| **CHEST X-RAY** |  |  |  |  |  |  |  |  |  |  |
| **ABDOMINAL** |  |  |  |  |  |  |  |  |  |  |
| **SKULL** |  |  |  |  |  |  |  |  |  |  |
| **THORACIC, LUMBAR AND SACRAL SPINE** |  |  |  |  |  |  |  |  |  |  |
| **PELVIS** |  |  |  |  |  |  |  |  |  |  |
| **FEMUR** |  |  |  |  |  |  |  |  |  |  |
| **KNEE** |  |  |  |  |  |  |  |  |  |  |
| **TIBIA** |  |  |  |  |  |  |  |  |  |  |
| **ANKLE, FOOT AND TOES** |  |  |  |  |  |  |  |  |  |  |
| **SHOULDER** |  |  |  |  |  |  |  |  |  |  |
| **HUMERUS** |  |  |  |  |  |  |  |  |  |  |
| **ELBOW** |  |  |  |  |  |  |  |  |  |  |
| **FORE-ARM, WRIST, HAND, FINGERS** |  |  |  |  |  |  |  |  |  |  |
| **HSG (HYSTEROSALPINGOGRAPHY)** |  |  |  |  |  |  |  |  |  |  |
| **IVP (INTRAVENOUS PYLOGRAPHY)** |  |  |  |  |  |  |  |  |  |  |
| **KUB** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |