

**ICAVL STANDARDS
FOR ACCREDITATION IN
NONINVASIVE VASCULAR TESTING**

**PART I
VASCULAR LABORATORY OPERATIONS**

ORGANIZATION

(This Standard applies to all applications.)

Introduction: A vascular laboratory is a unit performing noninvasive vascular diagnostic testing under the overall direction of a Medical Director. A Technical Director is appointed who is responsible for direct supervision of all of the technical staff and the daily operations of the laboratory.

Section 1 - Supervision and Personnel

STANDARD - Medical Director

1.1 A qualified Medical Director(s) must be designated for the facility.

Required Characteristics

1.1.1 Responsibilities:

- 1.1.1.1 The Medical Director is responsible for all clinical services provided and for the determination of the quality and appropriateness of care provided.
- 1.1.1.2 The Medical Director supervises the entire operation of the laboratory or may delegate specific operations to appropriate laboratory or administrative staff.
- 1.1.1.3 The Medical Director is responsible for the approval of medical staff and the supervision of their work.
- 1.1.1.4 The Medical Director is responsible for maintaining and assuring compliance of the medical and technical staff to the standards outlined in this document.

1.1.2 Qualifications:

1.1.2.1 The medical director must be a licensed physician and qualified to interpret studies.

1.1.2.2 The medical director must demonstrate an appropriate level of training and experience by meeting one or more of the following:

A.) Formal Training Program – Completion of a residency or fellowship that includes appropriate didactic and clinical vascular laboratory experience as an integral part of the program. For those testing areas in which training is provided, the physician should have experience in interpreting the following minimum number of diagnostic studies while under supervision:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
• transcranial Doppler	100 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

The formal training experience must be documented by a letter from the director of the training program verifying the areas of testing and the extent of the training and experience.

B.) Informal training - Appropriate training and experience for proper qualifications to interpret noninvasive vascular laboratory studies can be achieved through formal accredited post-graduate education.

A minimum of 40 hours of relevant Category I CME credit must be acquired within the three-year period prior to the initial application. At least one half of these hours must be met with courses specifically designed to provide knowledge of the techniques, limitations, accuracies and methods of interpretation of the noninvasive vascular laboratory test the physician will interpret. The remaining hours may be dedicated to appropriate clinical topics relevant to vascular laboratory testing. Documentation of the CME courses with a listing of the content must be submitted.

Comment: At least eight (8) of these hours must be specific to each of the testing areas to be interpreted. In addition to formal didactic studies, the physician must acquire a minimum of 8 hours of supervised practical experience observing or participating in testing procedures in an accredited laboratory, for each area of testing for which the physician will interpret. The practical experience must include all areas of testing for which the physician is applying. This experience must be documented with a letter from the Medical Director of the laboratory where the practical experience was obtained.

For those examinations the physician will interpret, there must be documentation of interpretation for the following minimum number of studies while under the supervision of a physician who has already met the ICAVL criteria:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
• transcranial Doppler	100 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

C.) Established practice – Training and experience will be considered appropriate for a physician who has worked in a vascular laboratory for at least three years and has interpreted the following minimum number of diagnostic studies in the specific areas that will be interpreted:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	300 cases
• transcranial Doppler	300 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	300 cases
• peripheral arterial duplex ultrasound	300 cases
• venous duplex ultrasound	300 cases
• visceral vascular duplex ultrasound	225 cases

D.) Registered Physician In Vascular Interpretation – A physician has successfully obtained the ARDMS RPVI credential or ASN neurosonology certificate for extracranial and/or intracranial test interpretation.

1.1.3 Continuing Medical Education

The Medical Director must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours of CME is required every three years, of which at least 10 hours are Category I. Laboratory correlation conferences or other internal quality assurance meetings are not to be counted as part of the CME requirement.

Comment: If the Medical Director has completed formal training as specified under 1.1.2.2(A) in the past three years, has successfully acquired an appropriate credential in vascular technology within the past three (3) years, has successfully acquired a credential in vascular testing interpretation within the last 3 years, or has begun new employment with the laboratory within one year prior to applying for accreditation, the CME requirement will be considered fulfilled.

STANDARD - Technical Director

1.2 A qualified Technical Director(s) must be designated for the facility.

The Technical Director is generally a full time position. If the Technical Director is not on site full time, an appropriately credentialed sonographer who is a member of the technical staff must be present in the laboratory in the absence of the Technical Director and assume the duties of the Technical Director.

The technical director is generally a full time position. If the technical director is not on site full time, they must work a minimum of at least 20 % of normal business hours each month in the laboratory AND an appropriately credentialed technologist must be appointed in the Technical Director's physical absence during normal business hours and report to the Technical Director.

The appointed technologist:

- a. Supervises and assists others in performing examinations
- b. May oversee day to day activities
- c. Communicates at least weekly with the Technical Director to maintain compliance with the testing standards
- d. For studies performed on call by a non credentialed technologist, a policy must be in place for reviewing all studies within one business day by the Technical Director or a member of the laboratory medical staff.

Comment: The Medical Director or a member of the medical staff may serve as the Technical Director. That individual must satisfy the qualifications for Technical Director.

Required Characteristics

1.2.1 Responsibilities:

1.2.1.1 The Technical Director reports directly to the Medical Director.

1.2.1.2 Responsibilities include, but are not limited to, and may be delegated to other staff:

- A.) All laboratory duties delegated by the Medical Director
- B.) Supervision of the technical and ancillary staff
- C.) Daily technical operation of the laboratory (e.g., staff scheduling, patient scheduling, laboratory record keeping, etc.)
- D.) Operation and maintenance of laboratory equipment

E.) The compliance of the technical and ancillary staff to the standards outlined within this document

F.) Quality patient care

G.) Technical training

1.2.2 Qualifications

1.2.2.1 The Technical Director must have an appropriate credential in vascular testing. Appropriate credentials include: Registered Vascular Technologist (RVT); Registered Vascular Specialist (RVS); Registered Technologist Vascular Sonography [RT(VS)]; if applying for visceral vascular only Registered Diagnostic Medical Sonographer in Abdomen [RDMS (AB)]; for physician Technical Directors performing only Extracranial and/or Intracranial testing, the American Society of Neuroimaging's certificate in Neurosonology.

1.2.2.2 For each testing area provided, the Technical Director must have performed the following minimum number of studies:

<u>Vascular Laboratory Testing Areas</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
• transcranial Doppler	100 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

Comment: If the Technical Director does not meet the testing volume requirement for any of the testing sections, a qualified co-technical director is appointed for those testing sections.

1.2.3 Continuing Medical Education

The Technical Director must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours is required every three years. Laboratory correlation conferences or other internal quality assurance meetings are not to be counted as part of the CME requirement.

Comment: If the Technical Director has successfully acquired an appropriate credential in vascular technology within the past three (3) years, has successfully acquired an appropriate credential in vascular technology within the past three (3) years, or has begun new employment with the laboratory within one year prior to applying for accreditation, the CME requirement will be considered fulfilled.

STANDARD - Medical Staff

1.3 Qualified medical staff are provided.

Required Characteristics

1.3.1 Responsibilities:

- 1.3.1.1 The medical staff interprets and/or performs clinical studies in accord with privileges approved by the Medical Director and in compliance with the standards outlined in this document.

1.3.2 Qualifications:

- 1.3.2.1 Medical staff must be licensed physicians and qualified to interpret studies.

1.3.2.2 The medical staff must demonstrate an appropriate level of training and experience by meeting one or more of the following:

A.) Formal Training Program – Completion of a residency or fellowship that includes appropriate didactic and clinical vascular laboratory experience as an integral part of the program. For those testing areas in which training is provided, the physician should have experience in interpreting the following minimum number of diagnostic studies while under supervision:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
• transcranial Doppler	100 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

The formal training experience must be documented by a letter from the director of the training program verifying the areas of testing and the extent of the training and experience.

B.) Informal training - Appropriate training and experience for proper qualifications to interpret noninvasive vascular laboratory studies can be achieved through formal accredited post-graduate education

A minimum of 40 hours of relevant Category I CME credit must be acquired within the three-year period prior to the initial application. At least one half of these hours must be met with courses specifically designed to provide knowledge of the techniques, limitations, accuracies and methods of interpretation of the noninvasive vascular laboratory test the physician will interpret. The remaining hours may be dedicated to appropriate clinical topics relevant to vascular laboratory testing. Documentation of the CME courses with a listing of the content must be submitted.

Comment: At least eight (8) of these hours must be specific to each of the testing areas to be interpreted.

In addition to formal didactic studies, the physician must acquire a minimum of 8 hours of supervised practical experience observing or participating in testing procedures in an accredited laboratory, for each area of testing for which the physician will interpret. The practical experience must include all areas of testing for which the physician is applying. This experience must be documented with a letter from the Medical Director of the laboratory where the practical experience was obtained.

For those examinations the physician will interpret, there must be documentation of interpretation for the following minimum number of studies while under the supervision of a physician who has already met the ICAVL criteria:

<u>Vascular Laboratory Testing Areas</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
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• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

C.) Established practice – Training and experience will be considered appropriate for a physician who has worked in a vascular laboratory for at least three years and has interpreted the following minimum number of diagnostic studies in the specific areas that will be interpreted:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	300 cases
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• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	300 cases
• peripheral arterial duplex ultrasound	300 cases
• venous duplex ultrasound	300 cases
• visceral vascular duplex ultrasound	225 cases

D.) Registered Physician In Vascular Interpretation – A physician has successfully obtained the ARDMS RPVI credential or ASN neurosonology certificate for extracranial and/or intracranial test interpretation.

1.3.3 Continuing Medical Education

The medical staff must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours of CME is required every three years, of which at least 10 hours are Category I. Laboratory correlation conferences or other internal quality assurance meetings are not to be counted as part of the CME requirement.

Comment: If the medical staff member has completed formal training as specified under 1.3.2.2(A) in the past three years, has successfully acquired an appropriate credential in vascular technology within the past three (3) years, has successfully acquired a credential in vascular testing interpretation within the last 3 years, or has begun new employment with the laboratory within one year prior to applying for accreditation, the CME requirement will be considered fulfilled.

STANDARD - Technical Staff

1.4 Qualified technical staff are provided.

Required Characteristics

1.4.1 Responsibilities:

- 1.4.1.1 The technical staff reports to the Technical Director.
- 1.4.1.2 The technical staff assumes the responsibilities specified by the Technical Director and, in general, is responsible for the performance of clinical examinations and other tasks assigned.

1.4.2 Qualifications:

- 1.4.2.1 The technical staff must have an appropriate level of training, technical certification or documented experience.

Comment: Though the standards include multiple pathways by which a technical staff member may document experience and training, the ICAVL encourages that all staff members acquire an appropriate credential in vascular testing.

- 1.4.2.2 The technical staff must demonstrate an appropriate level of training and experience by meeting one or more of the following criteria:
 - A.) Credential: An appropriate credential in vascular testing. Appropriate credentials include: Registered Vascular Technologist (RVT); Registered Vascular Specialist (RVS); Registered Technologist Vascular Sonography [RT(VS)]; if applying for visceral vascular only Registered Diagnostic Medical Sonographer in Abdomen [RDMS (AB)]; for physician Technical Directors performing only Extracranial and/or Intracranial testing, the American Society of Neuroimaging's certificate in Neurosonology.
 - B.) Formal Ultrasound training: Successful completion of an ultrasound, vascular technology or cardiovascular technology program that includes verified didactic and supervised clinical experience in vascular testing. The program should be accredited by either the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS), the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT), or the Canadian Medical Association (CMA).

C.) Post secondary education plus experience: 12 months full time (at least 35 hours/week) clinical vascular testing experience plus one of the following:

- 1) Completion of a formal two-year program or equivalent in another allied health profession
- 2) Completion of a bachelor's degree unrelated to vascular technology
- 3) A MD or DO degree

D.) Experience only: A minimum of 12 months of vascular testing experience with the performance of at least 600 noninvasive vascular examinations under the supervision of medical or technical staff who meet the above criteria. The noninvasive vascular examinations performed by these technical staff members must be appropriately distributed among the testing areas performed within the laboratory.

Note: An individual who does not meet at least one of the above is considered a “trainee.”

1.4.2.3 For those testing areas in which the testing is provided, the technical staff member must have performed the following minimum number of studies:

<u>Vascular Laboratory Examination</u>	<u>Minimum Number of Cases</u>
• carotid duplex ultrasound	100 cases
• transcranial Doppler	100 cases
• peripheral arterial physiologic tests (e.g. extremity pressures, Doppler waveforms, exercise testing, reactive hyperemia)	100 cases
• peripheral arterial duplex ultrasound	100 cases
• venous duplex ultrasound	100 cases
• visceral vascular duplex ultrasound	75 cases

Comment: An individual who does not meet this requirement is considered a trainee in any testing area in which this minimum case requirement is not fulfilled.

1.4.3 Continuing Medical Education

The technical staff must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours is required every three years. Laboratory correlation conferences or other internal quality assurance meetings are not to be counted as part of the CME requirement.

Comment: If the technical staff member has successfully acquired an appropriate credential in vascular technology within the past three (3) years, or has begun new employment with the laboratory within one year prior to applying for accreditation, the CME requirement will be considered fulfilled.

STANDARD - Trainees

1.5 Training, if conducted, does not compromise patient care and benefits the trainee.

Required Characteristics

1.5.1 Supervision:

1.5.1.1 The Medical Director must ensure that the responsibilities assumed by the trainee are appropriate. Trainees perform/interpret procedures only with direct medical and/or technical staff supervision.

Section 2 - Support Services

STANDARD - Support Services

2.1 Ancillary personnel (clerical, nursing, transport, etc.) necessary for safe and efficient patient care are provided.

Required Characteristics

2.1.1 Supervision:

2.1.1.1 The Medical Director must ensure that support services appropriate and in the best interest of patient care are provided.

2.1.2 Support Services:

- 2.1.2.1 Clerical and administrative support must be sufficient to ensure efficient operation and record keeping.
- 2.1.2.2 Nursing and ancillary services sufficient to ensure quality patient care are available when necessary.

Section 3 - Physical Facilities

STANDARD - Examination Areas

- 3.1 Examinations must be performed in a setting providing patient and technical staff safety, comfort and privacy.**

STANDARD – Interpretation Space

- 3.2 Adequate designated space must be provided for the interpretation of examination results and preparation of reports.**

STANDARD - Storage Space

- 3.3 Adequate designated space must be provided for the convenient storage of supplies, records and reports.**

Section 4 - Examination Interpretation, Reports, and Records

STANDARD - Examination Interpretation and Reports

- 4.1 Noninvasive vascular examinations are interpreted and reported by the Medical Director or a member of the medical staff of the vascular laboratory.**

Comment: The report represents the final interpretation of the noninvasive vascular examination and is part of the patient's legal medical record. As such, the report must be in the form of a document that is retrievable and/or reproducible for review by health care personnel. In general, the report must contain information such that a health care professional whom may previously have been unfamiliar with the case is provided adequate information regarding the indications for the examination, the type of examination performed and the results of the diagnostic study.

Required Characteristics

- 4.1.1 All reporting must be standardized in the laboratory. All physicians interpreting noninvasive vascular examinations in the laboratory must agree on and utilize uniform diagnostic criteria and a standardized report format.
- 4.1.2 Interpretation must include review of all examination data including measurements, images, and recordings by the Medical Director or a member of the Medical Staff.
- 4.1.3 The report must accurately reflect the content and results of the examination.
- 4.1.4 Final report must be verified and signed by the Medical Director or a member of the medical staff of the laboratory.
- 4.1.5 The final report must be typed and must include, but is not limited to:
 - 4.1.5.1 The date of the examination
 - 4.1.5.2 The clinical indications leading to the performance of the examination
 - 4.1.5.3 An adequate description of the test performed: the description must include the name of the examination and its integral parts (e.g. noninvasive arterial examination of the lower extremities with segmental pressures and volume plethysmography)
 - 4.1.5.4 Description of pertinent positive and negative findings: disease, if present, must be characterized according to its location, extent and severity and incidental findings should be reported
 - 4.1.5.5 The reasons for technically limited, suboptimal or incomplete examinations
 - 4.1.5.6 A summary (impression/conclusion) of the test findings. Whenever appropriate the final interpretation should address the clinical indications for the study
 - 4.1.5.7 Comparison with previous related studies where available
 - 4.1.5.8 Typed name and signature and/or electronic verification

Comment: The use of signature stamps is strongly discouraged. The use of signature stamps provides the potential for inappropriate use by personnel other than the physician whose signature appears on the stamp.

4.1.5.9 Date of interpretation, and signature or verification

- 4.1.6 If preliminary findings are provided, their preliminary nature must be clearly indicated. A mechanism for communicating any significant changes must be defined for those situations in which the final interpretation differs substantially from the preliminary findings.
- 4.1.7 A mechanism must be defined whereby the results of examinations that demonstrate urgent or life threatening findings are communicated to the appropriate health care professionals in a timely fashion.
- 4.1.8 The physician interpretation must be available within two (2) working days of the examination.

Comment: An interpretation can be in the form of paper, digital storage or voice system. The final verified signed report must be available in a timely fashion, generally within 4 working days.

STANDARD - Records

4.2 Provisions exist for the generation and retention of examination records of all studies performed.

Required Characteristics

- 4.2.1 Essential portions of all examinations must be documented on appropriate media. This may include printed, photographic and/or electronic media, hard copy and video documenting images, waveforms, and audio/video recordings of representative portions of the examinations and printed documentation of measurements.
- 4.2.2 A complete and accurate final report including signature must be generated as outlined in Section 4.1, as part of the record of the examination.
- 4.2.3 Identification of the technologist(s) performing the vascular examination must appear as a part of the permanent record.

- 4.2.4 All records of the examination, including a signed, dated final report, as outlined in Sections 4.1 and 4.2, must be retained in accordance with applicable state or federal guidelines for medical records, generally five to seven years for adult patients.

Section 5 - Miscellaneous

STANDARD - Patient Safety

5.1 Patient safety is ensured by written policies and procedures approved by the Medical Director.

Required Characteristics

- 5.1.1 A written procedure must be documented for identification of patients who suffer untoward effects or complications of studies performed and a permanent record of such is maintained.
- 5.1.2 Written procedures must be documented with respect to control of infectious diseases, transducer cleaning and protection of laboratory personnel from the transmission of infectious diseases and blood borne pathogens.
- 5.1.3 Written procedures must be documented for handling acute medical emergencies, and appropriate equipment, supplies, and trained personnel must be available to deal with medical emergencies and critically ill patients.
- 5.1.4 Written procedures must be documented regarding routine inspection and testing for electrical safety of all existing equipment.
- 5.1.5 The laboratory must meet the standards set forth by the Occupational Safety and Health Administration (OSHA) and by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), where applicable.

STANDARD - Patient Confidentiality

5.2 All laboratory personnel must ascribe to professional principles of patient-physician confidentiality as legally required by federal, state, local or institutional policy or regulation.

Section 6 - Quality Assurance and Quality Control

STANDARD - Quality Assurance

6.1 There must be a written policy regarding quality assurance for all procedures performed in the laboratory.

Required Characteristics

- 6.1.1 Regular Ongoing quality assurance must be performed for all areas of vascular testing performed by the laboratory as outlined in the standards specific to that area.
- 6.1.2 A minimum of two vascular laboratory quality assurance conferences per year must be held to review the results of comparative studies, address discrepancies and to discuss difficult cases and laboratory issues and minutes maintained.

STANDARD - Quality Control

6.2 Instrumentation used for diagnostic testing must be maintained in good operating condition.

Comment: The accuracy of the data collected by ultrasound instruments is paramount in the interpretation and diagnostic utilization of the information collected.

Required Characteristics

- 6.2.1 Guidelines for equipment maintenance include, but are not limited to, the following:
 - 6.2.1.1 Recording of the method and frequency of maintenance of ultrasound instrumentation and non-imaging equipment.
 - 6.2.1.2 Establishment of and adherence to a policy regarding routine safety inspections and testing of all laboratory electrical equipment.

- 6.2.1.3 Establishment of and adherence to an instrument cleaning schedule that includes routine cleaning of equipment parts, including filters and transducers, according to the specifications of the manufacturer. The cleaning schedule for each system will depend on the degree of use and should be frequent enough to allow for accurate collection of data.

Section 7 - Multiple Sites and Mobile Services

STANDARD - Multiple Sites

7.1 When testing is performed at more than one physical facility, the laboratory may be eligible to apply for a single accreditation as a multiple site laboratory.

Required Characteristics

7.1.1 All facilities have the same Medical Director

7.1.2 All facilities are supervised by the same Technical Director

Comment: Supervision may be accomplished by one or more of the following:

- A.) The Technical Director works at each site two days each month
- B.) Every Technical Staff member from each of the satellite laboratories works at the main laboratory two days each month
- C.) An appropriately credentialed lead technologist is appointed at each satellite laboratory to report to the Technical Director
The lead technologist:
 - a. Supervises and assists others in performing examinations
 - b. Oversees day to day activities in the satellite laboratory
 - c. Communicates weekly with the Technical Director to maintain compliance with the testing standards

7.1.3 Identical testing protocols are used at all sites

7.1.4 Identical diagnostic criteria are used at all sites

7.1.5 Quality assurance must be evaluated for each site for all areas of testing performed at the site

7.1.6 Equipment of similar quality and capability must be used at all sites

STANDARD - Mobile Service

7.2 A mobile service is comprised of one or more units (technologist and equipment) that provide vascular testing services at one or more locations.

Comment: Some laboratories provide only mobile services and do not have a primary site laboratory. These mobile service laboratories are required to complete the entire accreditation application.

Required Characteristics

- 7.2.1 The entire mobile service has the same Medical Director.
- 7.2.2 The entire mobile service is supervised by the Technical Director who is responsible for ongoing evaluation of the technical component of the testing performed by the mobile service.
- 7.2.3 All mobile vascular examinations are interpreted by medical staff included in the application
- 7.2.4 All mobile vascular examinations are performed by technical staff included in the application
- 7.2.5 Equipment of similar quality and capability must be used for all mobile testing.

Comment: If the mobile service is a component of a primary site laboratory, the equipment used by the mobile service must be of similar quality and capability of the equipment used in the primary site.

- 7.2.6 The entire mobile service utilizes identical protocols.
- 7.2.7 The entire mobile service utilizes identical diagnostic criteria.
- 7.2.8 Quality Assurance must be evaluated for testing performed by the mobile service.
- 7.2.9 A current list of all sites serviced by the mobile unit, to include the name and complete address of each site, must be on file with the ICAVL. If during the accreditation period, any sites are added or eliminated, the ICAVL must be notified of these changes, in writing.