



ABRET LABORATORY ACCREDITATION BOARD (LAB)

RECORD ID SHEET FOR REACCREDITATION

Date	
Facility	
Laboratory Name	

Please complete the following information to help the examiners identify your laboratory's EEGs.

Submit the completed form along with the DVD/Flash drive/USB that contains the EEGs, as specified in the reaccreditation reminder email, to the ABRET office or upload to our secure, HIPAA-compliant ShareFile (contact anna@abret.org for a link or for details).

RECORD #	Identifying number	Date test performed	Last name of Tech	Identify the placement of:	
				Ground	Sys Ref
1 -					
2 -					
3 -					

Following review, your DVD/Flash drive/USB will be destroyed using a HIPAA-compliant method, unless you check this box:

<input type="checkbox"/>	If checked, the CDs will be returned to your lab.
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***To prevent problems and delays, and to avoid having to resubmit your data, LAB of ABRET strongly recommends that you double check and verify that your data is actually viewable before submitting it by ensuring the review software opens the records properly, and that the software displays the data AS RECORDED including instrument settings, impedances, montages, and all tech comments and annotations. Alternatively, a video of the recording may be submitted.

For each record, include a screen shot of the impedances at the beginning and end of the recording, and a hard copy of the patient history, medications, etc.

Please provide additional information/instructions as to how to use your particular reading software and if there are any nuances LAB needs to be aware of (passwords, etc.)

Please call 217-303-5066 or email anna@abret.org if you have any questions.

ABRET: LAB-EEG
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 Cary, NC 27518
 Office: 217-726-7980