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Worksheet Only
Must Complete Online
(See Online Testing)



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Whole Body Bone Imaging

Exam type: Normal Abnormal

Patient ID Data: Date of Study _____

PATIENT IMAGE

Radiopharmaceutical		
Agent: <input type="radio"/> Tc 99m MDP <input type="radio"/> Tc 99m HDP <input type="radio"/> Other		
Dose: _____ mCi		
Whole Body Study		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Other _____		
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other <u>free text</u> _____		
	Anterior View	Posterior View
Scan Speed	cms/min	cms/min
Total Counts	k cts	k cts
Total Time	minutes	minutes
Spot Image Study		
<i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
Counts/Image		
Flow	sec/frame	sec/frame
Blood Pool Image	k cts	k cts
Axial Skeleton	k cts	k cts
Appendicular Skeleton	k cts	k cts