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**Worksheet Only
Must Complete Online
(See Online Testing)**



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Brain SPECT Imaging

Exam type: Normal Abnormal

Patient ID Data: Date of Study _____00/00/0000

PATIENT IMAGE DATA

| | |
|---|---|
| Radiopharmaceutical | Agent: <input type="checkbox"/> HMPAO <input type="checkbox"/> ECD <input type="checkbox"/> Other free text |
| | Dose: _____ mCi |
| Brain SPECT Study - Acquisition | |
| <input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector <input type="checkbox"/> Other | |
| Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Fan Beam <input type="checkbox"/> Other _____ | |
| Number of projection images: | Time per projection image: _____ sec |
| | Total counts: _____ kcts |
| Total imaging time: 000.0 min | Radius of rotation: <input type="checkbox"/> Fixed: _____ cm <input type="checkbox"/> Auto Contour <input type="checkbox"/> N/A |
| Matrix: <input type="checkbox"/> 64x64 <input type="checkbox"/> 128x128 <input type="checkbox"/> 256x256 <input type="checkbox"/> 512x512 <input type="checkbox"/> Other: _____ | Orbit: <input type="checkbox"/> 180° <input type="checkbox"/> 360° |
| Magnification factor: <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No | |
| Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Visual Cine <input type="checkbox"/> Sinogram | |
| Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

10/15/13