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Worksheet Only
Must Complete Online
(See Online Testing)



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Hepatic Blood Pool or Liver SPECT Imaging

Exam type: Normal Abnormal

Patient ID Data: Date of Study _____

PATIENT IMAGE DATA

Radiopharmaceutical	Agent:	Dose:	mCi
	Agent:	Dose:	mCi
Hepatic Blood Pool 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"/> Other _____			
Number of projection images:		Time per projection image: sec	
		Total counts: kcts	
Total imaging time: min		Radius of rotation: <input type="checkbox"/> Fixed: 00.0cm <input type="checkbox"/> Auto Contour <input type="checkbox"/> N/A	
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			