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



**Nuclear Medicine/PET Accreditation Program**

**Clinical Test Image Data Sheet**

**I131 Whole Body Imaging**

Exam type:  Normal  Abnormal

Patient ID Data:      Date of Study \_\_\_\_\_

**PATIENT IMAGE**

<b>Radiopharmaceutical</b>		
Agent: <input type="radio"/> I131 <input type="radio"/> Other: _____		
Dose: _____ mCi		
<b>Whole Body Study</b>		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Other _____		
Collimator: <input type="checkbox"/> HEPH <input type="checkbox"/> Other _____		
	<b>Anterior View</b>	<b>Posterior View</b>
Scan Speed	cms/min	cms/min
Total Counts	k cts	k cts
Total Time	minutes	minutes
<b>Spot Image Study</b>		
<i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
Counts/Image		
Body	k cts	k cts
Head/Neck	k cts	k cts
Extremities	k cts	k cts