

Privileged and Confidential
Peer Review
Release or disclosure of this document is prohibited
in accordance with 8.01-581.17 Code of Virginia



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Spot Bone Imaging

Exam type: Normal Abnormal

Patient ID Data: Date of Study _____

PATIENT IMAGE

Radiopharmaceutical		
Agent: <input type="checkbox"/> Tc 99m MDP <input type="checkbox"/> Tc 99m HDP <input type="checkbox"/> Other _____		
Dose: _____ mCi		
Whole Body Study <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
<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 _____		
	Anterior View	Posterior View
Scan Speed	cms/min	cms/min
Total Counts	k cts	k cts
Total Time	minutes	minutes
Spot Image Study		
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