

PET Equipment Evaluation Summary

System: _____
 Address: _____
 System PETAP# - Unit #: _____
 PET System Manufacturer: _____
 Medical Physicist: _____
 Signature: _____

Report Date: _____
 Survey Date: _____
 Model: _____

Equipment Evaluation Tests

* Optional ** Not required for PET/MR systems

	Pass/Fail/NA
1. Spatial Resolution	
2. Count Rate Performance* (count rate versus activity), Including count loss correction	
3. Sensitivity	
4. Image Uniformity	
5. Image Quality Phantom	
6. Accuracy of CT# **	
7. Accuracy of standard uptake value (SUV) measurement	
8. Image Co-registration	
9. Monitor Evaluation	
10. Safety Evaluation	
Mechanical	
Electrical	

Evaluation of Site's Technologist QC Program

		Pass/ Fail
1. Daily PET Detector Check		
2. Daily CT Check**		
3. Semi-annual (quarterly preferred) PET ACR Phantom		
4. Dose Calibrator Tests	Date	
a. Accuracy		
b. Geometry		
c. Linearity		
d. Constancy		

Medical Physicist's Recommendations for Quality Improvement and Comments on Testing Procedures