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Worksheet Only
Must Complete Online
(See Online Testing)



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Brain PET Imaging

Exam type: Normal Abnormal

Patient ID Data: Date of Study _____
 Patient Height _____

PATIENT IMAGE DATA

Type of Unit	
Manufacturer: _____	
Model: _____	
Radiopharmaceutical	
Agent(s): <input type="checkbox"/> F-18 FDG <input type="checkbox"/> Other, specify: _____	
Dose: _____ mCi	
<i>Please complete all fields. If a field is not applicable, please enter "0".</i>	
Patient Preparation	
Relevant medication? <input type="checkbox"/> YES, specify: free text <input type="checkbox"/> NO	
Controlled environment? <input type="checkbox"/> YES, describe: _____ <input type="checkbox"/> NO	
Brain PET Study - Acquisition	
Time delay before scanning:	Acquisition mode: <input type="checkbox"/> 3D <input type="checkbox"/> 2D
	CT Dosimetry for this scan (from CT acquisition computer or estimated values): CTDI vol: DLP:
Total imaging time (emission scan) per bed position: _____ min	
Number of bed positions acquired: _____	