

PET Equipment Evaluation Summary

System: _____ Report Date: _____
 Address: _____
 System PETAP# - Unit #: _____ Survey Date: _____
 PET System Manufacturer: _____ Model: _____
 Medical Physicist: _____
 Signature: _____

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	
a. Accuracy	
b. Geometry	
c. Linearity	
d. Constancy	

Date	

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