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Worksheet Only
Must Complete Online
(See Online Testing)



Nuclear Medicine/PET Accreditation Program Clinical Test Image Data Sheet

Oncology PET Imaging

Exam type: Normal Abnormal

Patient ID Data: Patient ID # _____ Date of Study _____
Patient Height _____ Weight _____

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	<input type="checkbox"/> Fasting hrs <input type="checkbox"/> Fed, specify:
Baseline glucose measured? <input type="checkbox"/> YES, _____ mg/dl <input type="checkbox"/> NO	
Whole-Body 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:	
For non-PET/CT scanners:	
What transmission source is used: Transmission time per "bed": min	
Patient motion assessment <input type="checkbox"/> YES, Specify: ___ free text ___ <input type="checkbox"/> NO	
SUV Measurement: <input type="checkbox"/> Yes <input type="checkbox"/> No	