## 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

<table>
<thead>
<tr>
<th>Type of Unit</th>
<th>Manufacturer:</th>
<th>Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiopharmaceutical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Agent(s): □ F-18 FDG □ Other, specify:  
- Dose: mCi

*Please complete all fields. If a field is not applicable, please enter “0”.*

### Patient Preparation

- □ Fasting hrs
- □ Fed, specify:

### Baseline glucose measured?
- □ YES, ________mg/dl
- □ NO

### Whole-Body PET Study - Acquisition

- Time delay before scanning: 
- Acquisition mode: □ 3D □ 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 □ YES, Specify: ___free text___ □ NO

- SUV Measurement: □ Yes □ No