ACR Phantom Order Form 4/8/2021

For USA AND its Territories Only  ALL OTHERS Please Contact Data Spectrum
American College of Radiology (ACR) Nuclear Medicine/PET Accreditation Program
To qualify for any of these phantoms you MUST complete the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>Model</th>
<th>Price</th>
<th>Qty.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PET Only: Flangeless PET Phantom</td>
<td>PET/FL/P</td>
<td>$2,322.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PET &amp; Nuclear Medicine: Flangeless PET Phantom, 2nd Deluxe ECT Lid</td>
<td>PET/FL-X2/P</td>
<td>$2,903.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine Only: Flangeless Deluxe Jaszczak Phantom</td>
<td>ECT/FL-DLX/P</td>
<td>$1,741.77</td>
<td></td>
<td></td>
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<tr>
<td>PET Lid – faceplate is made to fit an existing cylinder – Please Call</td>
<td>PET/FL/LID-ONLY/PET/FL-LID-ACC/SET</td>
<td>$874.80</td>
<td>289.98</td>
<td></td>
</tr>
<tr>
<td>Shipping &amp; Handling, Per unit purchased, within the Continental United States Only.</td>
<td>Freight</td>
<td>25.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For any SMALL FIELD OF VIEW DEDICATED CARDIAC SPECT SYSTEMS you will probably need our Small SPECT Phantom – see that specific order form (this is camera specific!)

North Carolina ONLY exemption # _____________________________ for sales, if you are not taxable.

☐ Send invoice, our terms are NET 30, and you MUST provide a PO # _____________________________ (Must have a valid DSC account – please request and provide a credit application)

☐ Prepayment, including shipping, must be included in your payment, or shipment will be delayed. Prepayment is enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of $ _____________________________ (Checks should include the name of the facility).

☐ Credit-card payment in the amount of purchase, including shipping & handling, you may call in the number if you prefer not to write it down on this form.

☐ Master Card  ☐ Visa Card  ☐ Discover Card  ☐ American Express
  Card No.: _____________________________ Expiration Date: _____________________________
  CVV Code: __________________ Card Holder: __________________

Ship To

Bill To or Credit Card Bill To, if different From Ship To

Contact Name: _____________________________ Contact or CC Name: _____________________________

Email: _____________________________ Email: _____________________________

Phone: _____________________________ Phone: _____________________________ Fax: _____________________________

Org. Name & Address: _____________________________ Org. Name & Address: _____________________________

Signed: _____________________________ Title: _____________________________ Date: _____________________________

Effective 4/8/2021 lgk