

Place facility label here, if applicable

Facility Name: _____

**WORKSHEET ONLY
YOU MUST APPLY ONLINE**

NUCLEAR MEDICINE ACCREDITATION PROGRAM MODALITY SECTION

Supervising Physician: _____

Supervising Physician email address (This email will be used to send your Final Report and other important information. Please be sure that this email is correct.): _____

Technologist Contact Person: _____ Technologist Contact Telephone: _____

Appointment Telephone: _____ Technologist E-mail Address: _____

Fill out a copy of this form (pages 1 and 2) for every nuclear medicine unit at this location. All nuclear medicine units at this site must provide the required images.

How many units are there at this location? (enter a number): _____

Describe the nuclear medicine unit(s) at this site.

Unit # _____ Room Location # _____
 Manufacturer *see code table* _____
 Model Name: _____ Serial Number: _____
 Year Manufactured: _____

Place unit label here, if applicable

If other, specify manufacturer: _____

Number of heads:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Date of last equipment evaluation/physics survey:	_____ (mm/dd/yyyy)		
Type of submission for Clinical images	<input type="checkbox"/> CD	<input type="checkbox"/> Film	
Type of submission for Phantom images	<input type="checkbox"/> CD	<input type="checkbox"/> Film	
Is this unit a mobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
FOR EXISTING NUCLEAR MEDICINE APPLICANTS ONLY:			
Has the unit listed above been withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide the date it was inactivated: _____
Is the unit listed above new since your last accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, did this new unit replace an older one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which unit does this replace?	<i>Model name:</i> _____		<i>Serial number:</i> _____

Place facility label here, if applicable

Place NMAP barcode label here, if applicable

Facility Name: _____

Site #: _____

NMAP ID #: _____

NUCLEAR MEDICINE ACCREDITATION PROGRAM MODALITY SECTION

You must select all modules that are routinely performed on this unit. Place a check by each module you routinely perform on this unit. Please note that there is a separate form to apply for the PET module. **DO NOT SEND IMAGES UNTIL NOTIFIED.** All views for one examination must be from the same patient.

- General Nuclear Medicine Module (planar) – 2 exams are required. If this unit performs MUGA exams and is not applying for the Nuclear Cardiology module, you MUST select MUGA as one of your exams.

Please choose **one** of the following:

- Whole Body Bone Spot Bone This unit does not perform bone scans.

Plus, please select one exam from the list below. If “this unit does not perform bone scans” was selected above, please select two exams from the list below.

- | | |
|---|---|
| <input type="checkbox"/> Whole Body Bone | <input type="checkbox"/> Spot Bone |
| <input type="checkbox"/> Hepatobiliary 1 | <input type="checkbox"/> Hepatobiliary 2 |
| <input type="checkbox"/> Perfusion Lung (including ventilation study) 1 | <input type="checkbox"/> Perfusion Lung (including ventilation study) 2 |
| <input type="checkbox"/> MUGA 1 | <input type="checkbox"/> MUGA 2 |
| <input type="checkbox"/> Thyroid 1 | <input type="checkbox"/> Thyroid 2 |
| <input type="checkbox"/> I131 Whole Body 1 | <input type="checkbox"/> I131 Whole Body 2 |
| <input type="checkbox"/> I131 Spot 1 | <input type="checkbox"/> I131 Spot 2 |
| <input type="checkbox"/> Gallium Whole Body 1 | <input type="checkbox"/> Gallium Whole Body 2 |
| <input type="checkbox"/> Gallium Spot 1 | <input type="checkbox"/> Gallium Spot 2 |
| <input type="checkbox"/> Octreotide Whole Body 1 | <input type="checkbox"/> Octreotide Whole Body 2 |
| <input type="checkbox"/> Octreotide Spot 1 | <input type="checkbox"/> Octreotide Spot 2 |

- SPECT Module – 2 exams are required.

Please choose **one** of the following:

- Bone SPECT This unit does not perform bone SPECT exams.

Plus, please select one exam from the list below. If “this unit does not perform bone SPECT exams” was selected above, please select two exams from the list below.

- | | |
|---|---|
| <input type="checkbox"/> Bone SPECT | <input type="checkbox"/> Myocardial Perfusion |
| <input type="checkbox"/> Brain SPECT 1 | <input type="checkbox"/> Brain SPECT 2 |
| <input type="checkbox"/> Hepatic Blood Pool 1 | <input type="checkbox"/> Hepatic Blood Pool 2 |
| <input type="checkbox"/> Liver SPECT 1 | <input type="checkbox"/> Liver SPECT 2 |
| <input type="checkbox"/> Gallium SPECT 1 | <input type="checkbox"/> Gallium SPECT 2 |
| <input type="checkbox"/> Octreotide SPECT 1 | <input type="checkbox"/> Octreotide SPECT 2 |

- Nuclear Cardiology Module – 2 exams are required.

Myocardial Perfusion (Please note that this exam is **required**.)

Plus, please select one exam from the list below.

- Myocardial Perfusion MUGA

Please tell us which of the following isotopes are used on this unit. From the list provided below, you MUST select all isotopes that apply.

- Tc-99m Tl-201 Ga-67/In-111

If you are applying for the SPECT and/or Nuclear Cardiology module on this unit, please tell us which isotopes are used for SPECT/Nuclear Cardiology. If only one isotope is used, you will be required to submit one phantom acquisition. If multiple isotopes are used, you will be required to submit two phantom acquisitions. Please select a **maximum** of two isotopes.

- Tc-99m Tl-201 Ga-67/In-111

Facility Name: _____

Site #: _____

NMAP ID no. _____

NUCLEAR MEDICINE ACCREDITATION PROGRAM MODALITY SECTION

To help us determine the most effective methods for communicating with the radiology community, please tell us how you heard about the Nuclear Medicine Accreditation Program. *Check all that apply*

- Brochure mailing
- Web site (describe) _____
- Conference (name) _____
- Other (describe) _____
- ACR booth (name of meeting) _____
- Third party payer requirement (name of payer) _____
- State requirement

PEER REVIEW PRACTICES FOR NUCLEAR MEDICINE

Effective April 1, 2007, all sites initially applying for ACR accreditation and all sites renewing their accreditation must have active participation in a physician peer-review program. RADPEER™ or an equivalent peer review program is required for accreditation. This section will ask about your modality's current physician peer-review status. **This section must be completed.**

1. Does your group participate in the ACR's RADPEER™¹ or eRADPEER™² program for nuclear medicine?
- ¹ No ² Yes

If so, what is your RADPEER™ number? _____

2. If no, do you have a process for peer review that evaluates the accuracy of interpretation?
- ¹ No ² Yes

3. Approximately, what percentage of images is reviewed per physician per year?
- Less than 2% 3% 4% 5% 6% or greater

NOTE: For sites with an alternative physician peer-review program please answer the following questions.

4. Is there a peer review process that includes a double reading (2 physicians interpreting the same study) assessment?
- ¹ No ² Yes
5. Does the peer review process allow for random selection of studies to be reviewed on a regularly scheduled basis?
- ¹ No ² Yes
6. Are the exams and procedures representative of the work of each physician's specialty?
- ¹ No ² Yes
7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?
- ¹ No ² Yes
8. Is there a classification of peer review findings with regard to level of quality concerns (one example would be a 4-point scoring scale)?
- ¹ No ² Yes
9. Are there policies and procedures for action to be taken on significantly discrepant peer review findings for the purpose of achieving quality outcomes improvement?
- ¹ No ² Yes
10. Are summary statistics and comparisons generated for each physician by modality?
- ¹ No ² Yes
11. Is there summary data for each facility/practice by modality? ¹ No ² Yes

¹ RADPEER™ is a simple process that allows peer review to be performed during the routine interpretation of current images. If, during interpretation of a new examination, there are prior images of the same area of interest, the interpreting radiologist will typically form an opinion of the previous interpretation while interpreting the new study. If the opinion of the previous interpretation is scored, a peer review event has occurred. In RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale.

² eRADPEER™ is a web-based program that allows submission of scores and acquisition of reports through a secure web site. As in RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale. For information on RADPEER™ or eRADPEER™ please go to the ACR Web site at www.acr.org.