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Place Label Here



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Bone SPECT Imaging

Normal Abnormal

Patient ID Data: **Patient ID #** _____ **Date of Study** _____

PATIENT IMAGE

- 1) To be filled out by institution. Incomplete data could delay review process.
- 2) Include bone SPECT written procedure.

Radiopharmaceutical	Agent: <input type="checkbox"/> Tc99m MDP <input type="checkbox"/> Tc99m HDP <input type="checkbox"/> Other:	Dose: mCi
Bone SPECT Study - Acquisition		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector <input type="checkbox"/> Other		
^Axial or appendicular skeleton		
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other _____		
Number of projection images:		Time per projection image: sec
Counts per projection image at 0°: cts		Total counts: cts
Total imaging time: min		Radius of rotation: cm
Matrix: <input type="checkbox"/> 64x64 <input type="checkbox"/> 128x128 <input type="checkbox"/> 256x256 <input type="checkbox"/> 512x512		Orbit: <input type="checkbox"/> 180° <input type="checkbox"/> 360°
Rotation orbit: <input type="checkbox"/> circular <input type="checkbox"/> elliptical <input type="checkbox"/> other:		
Acquisition mode: <input type="checkbox"/> Step/Shoot <input type="checkbox"/> Continuous		
Magnification factor: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes what?		
Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, <input type="checkbox"/> Visual Cine <input type="checkbox"/> Sinogram:		
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bone SPECT Study - Processing		
Slice thickness: mm		Attenuation correction: <input type="checkbox"/> Yes <input type="checkbox"/> No
Filtration: <input type="checkbox"/> Pre filter <input type="checkbox"/> Post filter		Filter type:
Filter Parameters: Cut off frequency: _____/pixel (or) _____/cm (or) _____%Nyquist		
Power factor (order) if Butterworth:		
Image reconstruction includes: <input type="checkbox"/> Transaxial <input type="checkbox"/> Coronal <input type="checkbox"/> Sagittal <input type="checkbox"/> Oblique angle		
OSEM <input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No		