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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:	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:	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, Visual Cine: _____ 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	
Flood correction applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11/07/06