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**Nuclear Medicine Practice Accreditation Program**

**Clinical Test Image Data Sheet**

**Bone Imaging (Whole Body or Spot)**

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.

<b>Radiopharmaceutical</b>	Agent:	Dose:	mCi
<b>Whole Body Study</b>			
<input type="checkbox"/> Single detector	<input type="checkbox"/> Dual detector	<input type="checkbox"/> Other	
Collimator:	<input type="checkbox"/> LEAP	<input type="checkbox"/> LEHR	<input type="checkbox"/> LEUHR <input type="checkbox"/> Other _____
	<b>Anterior View</b>	<b>Posterior View</b>	
Count Density	cts/cm <sup>2</sup>	cts/cm <sup>2</sup>	
Scan Speed	cms/min	cms/min	
Total Counts	cts	cts	
Total Time	minutes	minutes	
Detector/Patient Distance	cm	cm	
<b>Spot Image Study</b>			
Counts/Image			
Flow	sec/frame		
Blood Pool Image	cts		
Axial Skeleton	cts	cts	
Appendicular Skeleton	cts	cts	