Privileged and Confidential
Peer Review
Release or disclosure of this document is prohibited
in accordance with 8.01-581.17Code of Virginia

Place Label Here

Clinical Test Image Data Sheet

Nuclear Medicine/PET Accreditation Program

Brain SPECT Imaging

❑ **Normal** ❑ **Abnormal**

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

PATIENT IMAGE DATA

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

Radiopharmaceutical	Agent: ❑ HMPAO ❑ ECD ❑ Other:	Dose: mCi

Brain SPECT Study - Acquisition	
❑ Single detector ❑ Dual Detector ❑ Triple Detector ❑ Other	
Collimator: ❑ LEAP ❑ LEHR ❑ LEUHR ❑ Fan Beam ❑ 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: ❑ 64x64 ❑ 128x128 ❑ 256x256 ❑ 512x512	Orbit: ❑180° ❑ 360°
Rotation orbit: ❑ circular ❑ elliptical ❑ other:	
Acquisition mode: ❑ Step/Shoot ❑ Continuous	
Magnification factor: ❑ Yes ❑ No, if Yes what?	
Patient motion assessment: ❑ Yes ❑ No, if Yes, ❑ Visual Cine ❑ Sinogram:	
Motion correction applied: ❑ Yes ❑ No	

Brain SPECT Study - Processing	
Slice thickness: mm	Attenuation correction: ❑ Yes ❑ No
Filtration: ❑ Pre filter ❑ Post filter	Filter type:
Filter Parameters: Cut off frequency: _____/pixel (or) _____/cm (or) _____%Nyquist	
Power factor (order) if Butterworth:	
Image reconstruction includes: ❑ Transaxial ❑ Coronal ❑ Sagittal ❑ Oblique angle	
OSEM ❑ Yes ❑ No	
Flood correction applied: ❑ Yes ❑ No	

This document is copyright protected by the American College of Radiology. Any attempt to reproduce, copy, modify, alter or otherwise change or use this document without the express written permission of the American College of Radiology is prohibited.