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Clinical Test Image Data Sheet

Nuclear Medicine Practice Accreditation Program

Brain SPECT Imaging

θ **Normal** θ **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: o HMPAO o ECD	
	Dose: mCi	
Brain SPECT Study - Acquisition		
o Single detector o Dual Detector o Triple Detector o Other		
Collimator: o LEAP o LEHR o LEUHR o Fan Beam o 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: o 180° o 360°	
Rotation orbit: o circular o elliptical o other		
Acquisition mode: o Step/Shoot o Continuous		
Magnification factor: o No o Yes, if Yes what?		
Patient motion assessment: o Yes o No	Visual Cine:	Sinogram:
Motion correction applied: o Yes o No		
Brain SPECT Study - Processing		
Slice thickness: mm	Attenuation correction: o Yes o No	
Filtration: o Pre filter o Post filter	Filter type:	
Filter Parameters: Cut off frequency: _____/pixel (or) _____/cm (or) _____%Nyquist		
Power factor (order) if Butterworth:		
Image reconstruction includes: o Transaxial o Coronal o Sagittal o Oblique angle		
Flood correction applied: o Yes o No		

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