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Place Label Here



Clinical Test Image Data Sheet

Nuclear Medicine/PET Accreditation Program

Gallium Whole Body Imaging

Normal Abnormal

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

PATIENT IMAGE DATA

To be filled out by institution. Incomplete data could delay review process.

Radiopharmaceutical		
Agent: <input type="checkbox"/> Ga67 <input type="checkbox"/> Other:		
Dose: _____ mCi		
Whole Body Study <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Other:		
Collimator: <input type="checkbox"/> MEGP <input type="checkbox"/> MEHR <input type="checkbox"/> Other:		
	Anterior View	Posterior View
Scan Speed	_____ cms/min	_____ cms/min
Total Counts	_____ kcts	_____ kcts
Total Time	_____ mins	_____ mins
Detector/Patient Distance	<input type="checkbox"/> Contoured <input type="checkbox"/> Fixed: _____ cm	<input type="checkbox"/> Contoured <input type="checkbox"/> Fixed: _____ cm
Spot Image Study		
Counts/Image		
Body	_____ kcts	_____ kcts
Head/Neck	_____ kcts	_____ kcts
Extremities	_____ kcts	_____ kcts