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Clinical Test Image Data Sheet

Nuclear Medicine Practice Accreditation Program

Gated 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 gated SPECT imaging written procedure.

Protocol			
Single Isotope: <input type="radio"/> One Day <input type="radio"/> Two Day <input type="radio"/> Stress/Rest (redistribution) <input type="radio"/> Rest/Stress			
Dual Isotope: <input type="radio"/>			
Time from stress injection to image acquisition start:			
Time from rest injection to image acquisition start:			
Stress Protocol: <input type="radio"/> Treadmill <input type="radio"/> Bicycle <input type="radio"/> Other			
Pharmacological Intervention/Dose/Rate:			
<input type="radio"/> Dipyridamole:	<input type="radio"/> Adenosine:	<input type="radio"/> Dobutamine:	
<input type="radio"/> Aminophylline:	<input type="radio"/> Other:		
Radiopharmaceuticals/Dose:			
<input type="radio"/> 201Tl	<input type="radio"/> First Dose:	<input type="radio"/> Second Dose:	
<input type="radio"/> 99 m Tc Sestamibi	<input type="radio"/> First Dose:	<input type="radio"/> Second Dose:	
<input type="radio"/> 99 m Tc Teboroxime	<input type="radio"/> First Dose:	<input type="radio"/> Second Dose:	
<input type="radio"/> 99 m Tc Tetrofosmin	<input type="radio"/> First Dose:	<input type="radio"/> Second Dose:	
Imaging:			
A.Planar			
Collimator: <input type="radio"/> LEAP <input type="radio"/> LEHR <input type="radio"/> LEUHR			
Total Counts	Anterior:	Shallow Oblique:	Steep Oblique:
Time	Anterior:	Shallow Oblique:	Steep Oblique:



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Clinical Test Image Data Sheet

Gated SPECT Imaging (cont'd.)

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

Imaging (continued)			
SPECT Study - Acquisition			
<input type="radio"/> Single detector		<input type="radio"/> Dual Detector	
<input type="radio"/> Triple Detector		<input type="radio"/> Other	
Detector Size:		<input type="radio"/> Large Field of View	
		<input type="radio"/> Small Field of View	
Collimator:		<input type="radio"/> LEAP	
		<input type="radio"/> LEHR	
		<input type="radio"/> LEUHR	
		<input type="radio"/> Fan Beam	
		<input type="radio"/> Other _____	
Number of projection images:			
Time per projection image:		Stress _____ secs	
		Rest _____ secs	
Counts per projection image at 0°:		Total counts:	
		cts	
Total imaging time:		Radius of rotation:	
		min	
		cm	
Rotation orbit:		<input type="radio"/> circular	
		<input type="radio"/> elliptical	
		<input type="radio"/> other	
Acquisition mode:		<input type="radio"/> Step/Shoot	
		<input type="radio"/> Continuous	
Magnification factor:		<input type="radio"/> No	
		<input type="radio"/> Yes, if Yes what? _____	
Gated:		R to R interval:	
		<input type="radio"/> Yes	
		<input type="radio"/> No	
		sec	
Arrhythmia rejection applied: <input type="radio"/> Yes <input type="radio"/> No			
Rhythm: <input type="radio"/> Normal Sinus Rhythm <input type="radio"/> Other (<i>specify</i>):			
Patient motion assessment:		Visual Cine:	Sinogram:
		<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Yes	<input type="radio"/> No
SPECT Study - Processing			
Slice thickness: _____ mm			
Scatter correction:		Attenuation correction:	
<input type="radio"/> Yes		<input type="radio"/> Yes	
<input type="radio"/> No		<input type="radio"/> No	
Filtration:		Filter type:	
<input type="radio"/> Pre filter			
<input type="radio"/> Post filter			
Filter Parameters: Cut off frequency: _____/pixel (or) _____/cm (or) _____%Nyquist			
Image reconstruction includes:		<input type="radio"/> Short Axis	
		<input type="radio"/> Horizontal Long Axis	
		<input type="radio"/> Vertical Long Axis	
		<input type="radio"/> Oblique angle	
Flood correction applied: <input type="radio"/> Yes <input type="radio"/> No			
B. SPECT:			
Quantitative:		If yes, name:	
<input type="radio"/> Yes			
<input type="radio"/> No			
Qualitative:		<input type="radio"/> Off Screen	
		<input type="radio"/> Off Hard Copy	