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Place Label Here



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Hepatic Blood Pool 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 hepatic blood pool SPECT imaging procedure.

Radiopharmaceutical	Agent:	Dose:	mCi
	Agent:	Dose:	mCi
Hepatic Blood Pool SPECT Study - Acquisition			
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector <input type="checkbox"/> Other			
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Fan Beam <input type="checkbox"/> 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: <input type="checkbox"/> 64x64 <input type="checkbox"/> 128x128 <input type="checkbox"/> 256x256 <input type="checkbox"/> 512x512		Orbit: <input type="checkbox"/> 180° <input type="checkbox"/> 360°	
Rotation orbit: <input type="checkbox"/> circular <input type="checkbox"/> elliptical <input type="checkbox"/> other:			
Acquisition mode: <input type="checkbox"/> Step/Shoot <input type="checkbox"/> Continuous			
Magnification factor: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes what?			
Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, <input type="checkbox"/> Visual Cine <input type="checkbox"/> Sinogram:			
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hepatic Blood Pool SPECT Study -			
Slice thickness: mm		Attenuation correction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filtration: <input type="checkbox"/> Pre filter <input type="checkbox"/> Post filter		Filter type:	
Filter Parameters: Cut off frequency: ____/pixel (or) ____/cm (or) ____%Nyquist			
Power factor (order) if Butterworth:			
Image reconstruction includes: <input type="checkbox"/> Transaxial <input type="checkbox"/> Coronal <input type="checkbox"/> Sagittal <input type="checkbox"/> Oblique angle			
OSEM <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No			