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Clinical Test Image Data Sheet

Nuclear Medicine Practice Accreditation Program

Hepatobiliary 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 hepatobiliary imaging written procedure.

Radiopharmaceutical	Agent:	Dose:	mCi
Image Study			
Counts/Image:	cts	Time/Image:	minutes
Total image time:	minutes		