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Place Label Here



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

I131 Whole Body Imaging

Normal Abnormal

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

PATIENT IMAGE

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

Radiopharmaceutical	Agent: <input type="checkbox"/> I131 <input type="checkbox"/> Other:	Dose: mCi
Whole Body Study		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Other		
Collimator:	<input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other _____	
	Anterior View	Posterior View
Scan Speed	cms/min	cms/min
Total Counts	kcts	kcts
Total Time	minutes	minutes
Detector/Patient Distance	<input type="checkbox"/> Contoured <input type="checkbox"/> Fixed	cm
Spot Image Study		
Counts/Image		
Flow	sec/frame	sec/frame
Blood Pool Image	kcts	kcts
Axial Skeleton	kcts	kcts
Appendicular Skeleton	kcts	kcts