

Privileged and Confidential
Peer Review
Release or disclosure of this document is prohibited
in accordance with 8.01-581.17 Code of Virginia

--



Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

MUGA 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 MUGA imaging written procedure.

Radiopharmaceutical		
Agent:	In Vivo RBC:	Mod. In Vivo RBC:
	In Vitro:	Dose: mCi
Imaging Study		
Collimator:	<input type="radio"/> LEAP <input type="radio"/> LEHR <input type="radio"/> Other _____	
Number of Frames:		
	R to R interval:	sec
Time/Image: min	Total imaging time:	min
Arrhythmia rejection applied: <i>(check one)</i> <input type="radio"/> Yes <input type="radio"/> No		
Rhythm	<input type="radio"/> Normal Sinus Rhythm <input type="radio"/> Other <i>(specify)</i> :	
Matrix size: <i>(check one)</i>	<input type="radio"/> 32x32 <input type="radio"/> 64x64 <input type="radio"/> 128x128	