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Place Label Here

Clinical Test Image Data Sheet

Nuclear Medicine/PET Accreditation Program

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:
Dose: mCi	*In Vitro:*	Other:
Imaging Study		
Collimator: ❑ LEAP ❑ LEHR ❑ Other _____		
Number of Frames:		
	R to R interval: sec	
Time/Image: min	Total imaging time: min	
Arrthymia rejection applied: *(check one)* ❑ Yes ❑ No		
Rhythm: ❑ Normal Sinus Rhythm ❑ Other *(specify)*:		

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