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Nuclear Medicine/PET Accreditation Program

Clinical Test Image Data Sheet

Myocardial Perfusion 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 myocardial perfusion imaging written procedure.

Protocol			
Single Isotope: <input type="checkbox"/> One Day <input type="checkbox"/> Two Day <input type="checkbox"/> Stress/Rest (redistribution) <input type="checkbox"/> Rest/Stress			
Dual Isotope: <input type="checkbox"/>			
Time from stress injection to image acquisition start:			
Time from rest injection to image acquisition start:			
Stress Protocol: <input type="checkbox"/> Treadmill <input type="checkbox"/> Bicycle <input type="checkbox"/> Pharmacological			
Pharmacological/Dose/Rate:			
<input type="checkbox"/> Dipyridamole:	<input type="checkbox"/> Adenosine:	<input type="checkbox"/> Dobutamine:	
<input type="checkbox"/> Other:			
Pharmacological Intervention/Dose/Rate:			
<input type="checkbox"/> Aminophylline:	<input type="checkbox"/> Atropine	<input type="checkbox"/> Other:	
Radiopharmaceuticals/Dose:			
<input type="checkbox"/> 201Tl	<input type="checkbox"/> First Dose:	<input type="checkbox"/> Second Dose:	
<input type="checkbox"/> 99 m Tc Sestamibi	<input type="checkbox"/> First Dose:	<input type="checkbox"/> Second Dose:	
<input type="checkbox"/> 99 m Tc Teboroxime	<input type="checkbox"/> First Dose:	<input type="checkbox"/> Second Dose:	
<input type="checkbox"/> 99 m Tc Tetrofosmin	<input type="checkbox"/> First Dose:	<input type="checkbox"/> Second Dose:	
Imaging:			
A.Planar			
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> N/A			
Total Counts	Anterior:	Shallow Oblique:	Steep Oblique:
Time	Anterior:	Shallow Oblique:	Steep Oblique:

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Clinical Test Image Data Sheet

Nuclear Medicine Practice Accreditation Program

Myocardial Perfusion Imaging (cont'd.)

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

Imaging (continued)	
SPECT Study - Acquisition	
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector <input type="checkbox"/> Other	
Detector Size: <input type="checkbox"/> Large Field of View <input type="checkbox"/> Small Field of View	
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: Stress _____ secs Rest _____ secs	
Cts per projection at first image:	cts (stress)
Total counts:	cts (stress)
Cts per projection at first image:	cts (rest)
Total counts:	cts (rest)
Total imaging time (stress):	min
Radius of rotation:	cm
Total imaging time (rest):	min
Rotation orbit: <input type="checkbox"/> circular <input type="checkbox"/> elliptical <input type="checkbox"/> other	
Orbit: <input type="checkbox"/> 180° <input type="checkbox"/> 360°	
Acquisition mode: <input type="checkbox"/> Step/Shoot <input type="checkbox"/> Continuous	
Magnification factor: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes what?	
Gated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrhythmia rejection applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, Visual Cine: _____ Sinogram: _____	
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECT Study - Processing	
Slice thickness: _____ mm	
Scatter correction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	
Image reconstruction includes: <input type="checkbox"/> Short Axis <input type="checkbox"/> Horizontal Long Axis	
<input type="checkbox"/> Vertical Long Axis <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	
B. SPECT:	
Quantitative:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name:
Qualitative:	<input type="checkbox"/> Off Screen <input type="checkbox"/> Off Hard Copy