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Place Label Here



Clinical Test Image Data Sheet

Nuclear Medicine Practice Accreditation Program

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"/> Other			
Pharmacological Intervention/Dose/Rate:			
<input type="checkbox"/> Dipyridamole:		<input type="checkbox"/> Adenosine:	
<input type="checkbox"/> Aminophylline:		<input type="checkbox"/> Dobutamine:	
<input type="checkbox"/> Other:			
Radiopharmaceuticals/Dose:			
<input type="checkbox"/> 201Tl		<input type="checkbox"/> First Dose:	
<input type="checkbox"/> 99 m Tc Sestamibi		<input type="checkbox"/> Second Dose:	
<input type="checkbox"/> 99 m Tc Teboroxime		<input type="checkbox"/> First Dose:	
<input type="checkbox"/> 99 m Tc Tetrofosmin		<input type="checkbox"/> Second Dose:	
<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			
Total Counts	Anterior:	Shallow Oblique:	Steep Oblique:
Time	Anterior:	Shallow Oblique:	Steep Oblique:



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Clinical Test Image Data Sheet

Myocardial Perfusion Imaging (cont'd.)

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

Imaging (continued)			
SPECT Study - Acquisition			
<input type="radio"/> Single detector	<input type="radio"/> Dual Detector	<input type="radio"/> Triple Detector	<input type="radio"/> Other
Detector Size:	<input type="radio"/> Large Field of View	<input type="radio"/> Small Field of View	
Collimator:	<input type="radio"/> LEAP	<input type="radio"/> LEHR	<input type="radio"/> LEUHR
	<input type="radio"/> Fan Beam	<input type="radio"/> Other _____	
Number of projection images:			
Time per projection image:	Stress _____ secs	Rest _____ secs	
Counts per projection image at 0°:	cts	Total counts:	cts
Total imaging time:	min	Radius of rotation:	cm
Rotation orbit:	<input type="radio"/> circular	<input type="radio"/> elliptical	<input type="radio"/> other
Acquisition mode:	<input type="radio"/> Step/Shoot	<input type="radio"/> Continuous	
Magnification factor:	<input type="radio"/> No	<input type="radio"/> Yes, if Yes what? _____	
Gated:	<input type="radio"/> Yes	<input type="radio"/> No	
Arrhythmia rejection applied:	<input type="radio"/> Yes	<input type="radio"/> No	
Patient motion assessment:	<input type="radio"/> Yes	<input type="radio"/> No	Visual Cine: _____ Sinogram: _____
Motion correction applied:	<input type="radio"/> Yes	<input type="radio"/> No	
SPECT Study - Processing			
Slice thickness:	mm		
Scatter correction:	<input type="radio"/> Yes	<input type="radio"/> No	Attenuation correction: <input type="radio"/> Yes <input type="radio"/> No
Filtration:	<input type="radio"/> Pre filter	<input type="radio"/> Post filter	Filter type: _____
Filter Parameters:	Cut off frequency: _____/pixel (or) _____/cm (or) _____%Nyquist		
Image reconstruction includes:	<input type="radio"/> Short Axis	<input type="radio"/> Horizontal Long Axis	
	<input type="radio"/> Vertical Long Axis	<input type="radio"/> Oblique angle	
Flood correction applied:	<input type="radio"/> Yes	<input type="radio"/> No	
B. SPECT:			
Quantitative:	<input type="radio"/> Yes	<input type="radio"/> No	If yes, name: _____
Qualitative:	<input type="radio"/> Off Screen	<input type="radio"/> Off Hard Copy	