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Nuclear Medicine Practice Accreditation Program

Clinical Test Image Data Sheet

Perfusion Lung 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 perfusion lung imaging written procedure.

Radiopharmaceutical	Agent:	Dose:	mCi
Views: (Select applicable) <input type="radio"/> ANT <input type="radio"/> POS <input type="radio"/> LPO <input type="radio"/> RPO <input type="radio"/> LAO <input type="radio"/> RAO <input type="radio"/> LLT <input type="radio"/> RLT			
Counts/Image:	cts	Information density:	cts/cm ²
Time/Image:	secs	Total image time:	secs

NOTE: VENTILATION STUDY MUST BE INCLUDED