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Nuclear Medicine/PET 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: <input type="checkbox"/> TcMAA <input type="checkbox"/> Other:	Dose: _____ mCi
Views: (Select applicable) <input type="checkbox"/> ANT <input type="checkbox"/> POS <input type="checkbox"/> LPO <input type="checkbox"/> RPO <input type="checkbox"/> LAO <input type="checkbox"/> RAO <input type="checkbox"/> LLT <input type="checkbox"/> RLT		
Counts/Image: _____	cts	Time/Image: _____
		Total image time: _____
		mins