Nuclear Medicine/PETAccreditation Program **Clinical Test Image Data Sheet**

Brain PET Imaging

❑ **Normal** ❑ **Abnormal**

Patient ID Data: Patient ID #_____Date of Study_____
Patient Height _____ Weight _____

PATIENT IMAGE DATA

1) To be filled out by institution. Incomplete data could delay review process.
2) Include Brain PET Imaging written procedure.

Type of Tomograph: (Manufacturer and Model)		
		Source in service date, if appropriate:
Radiopharmaceutical	Agent: ❑ F-18 FDG ❑ Other (specify):	
	Dose: mCi	
Patient Preparation		
o Diabetic ❑ Non-diabetic		❑ Fasting hrs ❑ Fed, specify:
Baseline glucose measured? ❑ YES ❑ NO		Insulin given? ❑ YES ❑ NO, specify:
If YES, mg/dl		Glucose given? ❑ YES ❑ NO, specify:
Relevant medication? ❑ YES ❑ NO If YES, specify:		
Controlled environment? ❑ YES ❑ NO If YES, describe:		
Brain PET Study - Acquisition		
Transmission scan: ❑ YES ❑ NO		
If Yes: ❑ pre-injection, patient not moved		
❑ pre-injection, patient moved between transmission and emission scan		
❑ post-injection		
Scan duration:		
Emission scan: ❑ YES ❑ NO		
Scan duration:		

Interval between injection and start of emission imaging: mins.			
Zoom factor:		Matrix:	
Frame rate(s): secs/ frame		If second frame rate: secs/ frame	
Total imaging time: min		Total true events: (for entire study, if available) cts	
Acquisition mode: ❑ 3D ❑ 2D			
Was PET QC performed on day of study: ❑ YES ❑ NO Specify:			
Calibration value applied: ❑ YES ❑ NO		Calibration date:	
Patient motion assessment ❑ YES ❑ NO Specify:			
Processing			
Random correction: ❑ YES ❑ NO		Scatter correction: ❑ YES ❑ NO	
Decay correction: ❑ YES ❑ NO			
Attenuation correction: ❑ YES ❑ NO			
Attenuation type: ❑ measured ❑ calculated (estimated)			
If measured: ❑ segmented ❑ nonsegmented			
Zoom: ❑ YES ❑ NO If YES, zoom factor:			

	Transmission	**Non-attenuation Correction**	**Attenuation Correction**
Reconstruction method: (FBP, OSEM, other)			
XY filter (type/cutoff/unit):			
Z filter (type/cutoff/unit):			
Slice thickness:	mm	mm	mm
Pixel size:	mm	mm	mm
Matrix size:			

Quantitative imaging analysis? ❑ YES ❑ NO If YES, specify: