

Place Label Here



Nuclear Medicine/PET Accreditation 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.

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

