

**Myocardial Viability 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 Myocardial Viability PET Imaging written procedure.

Type of Tomograph: (Manufacturer and Model)		
		Source in service date, if appropriate:
Radiopharmaceutical	Agent(s): <input type="checkbox"/> F-18 FDG <input type="checkbox"/> C-11 Acetate <input type="checkbox"/> Tc-99m Mibi <input type="checkbox"/> Other, specify:	
	Dose mCi	
	Perfusion Agent: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If YES, <input type="checkbox"/> Tc-99m <input type="checkbox"/> Tl-201 <input type="checkbox"/> N-13 Ammonia <input type="checkbox"/> Other, specify:	
	Dose mCi	
Patient Preparation		
<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:
Other pharmacologic preparation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify:		
Controlled environment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:		
Myocardial Viability PET Study - Acquisition		
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:		

