



**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.

<b>Type of Tomograph:</b> (Manufacturer and Model)		
		Source in service date, if appropriate:
<b>Radiopharmaceutical</b>	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"/> TI-201 <input type="checkbox"/> N-13 Ammonia <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:
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:		
<b>Myocardial Viability 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:		

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: <input type="checkbox"/> 3D <input type="checkbox"/> 2D			
Was PET QC performed on day of study: <input type="checkbox"/> YES <input type="checkbox"/> NO   Specify:			
Calibration value applied: NO		Calibration date:	
Patient motion assessment <input type="checkbox"/> YES <input type="checkbox"/> NO   Specify:			
<b>Processing</b>			
Random correction: <input type="checkbox"/> YES <input type="checkbox"/> NO		Scatter correction: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Decay correction: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Attenuation correction: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Attenuation type: <input type="checkbox"/> measured <input type="checkbox"/> calculated (estimated)			
If measured: <input type="checkbox"/> segmented <input type="checkbox"/> nonsegmented			
Zoom: <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, zoom factor:			
	<b>Transmission</b>	<b>Non-attenuation Correction</b>	<b>Attenuation Correction</b>
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:			
<b>Quantitative imaging analysis?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, specify:			