

**Oncology 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 Oncology 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:	
Intervention used to minimize urinary activity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:		
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>Whole-Body/Regional PET Study - Acquisition</b>		
Transmission scan: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of bed positions acquired:	
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 per bed position:		
Emission scan: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of bed positions acquired:	
Scan duration per bed position:		
Percentage overlap between bed positions: _____ %		

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: <input type="checkbox"/> YES <input type="checkbox"/> 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:			