

Computed Tomography (CT) Accreditation Program 1891 Preston White Drive, Reston VA 20191-4397 CLINICAL DATA FORM

Use this form to gather data for the examinations you submit for accreditation or submission for protocol review during a Corrective Action Plan cycle. For accreditation submission you must enter the information into your online testing package. DO NOT SUBMIT THIS FORM. Please note, the online testing package will require patient demographic information not listed on this form. For corrective action protocol submission, confirm NO PHI is entered in the form before submitting for review.

****ACR will not accept any form with PHI.****

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CTAP # Unit # CT scanner manufacturer: Type of exam:		Site's CT scanner Serial number:					
		Model name:					
Reason for exam:							
If used: Contrast media used (volume):cc Contrast media used (concentration):mg/mol Contrast media used (rate):cc/sec Contrast media/ Scan delay: □Empiric, □ Test injection, □ Automatic Triggeringsec							
Acquisition Series only (not reformatted series)	Scan Sequence 1	Scan Sequence 2	Scan Sequence 3	Scan Sequence 4			
kVp							
mA (do not use mAs, effective mAs of mAs per slice)							
Time per rotation (s)							
Effective mAs (or mAs per slice) as displayed by scanner							
Scan FOV (cm) Must be reported in cm.							
Display FOV (cm)							
Reconstruction Algorithm							
Axial (A) or Helical (H)							
Number of slices per tube rotation: # data channels used (N))							
Acquisition slice thickness - Z-axis collimation (T, in mm)							
Table Increment/Speed (mm)							
Reconstructed Scan Width (mm)							
Reconstructed Scan Interval (mm)							
Dose Reduction Technique used							
CTDIvol (recorded after scanning, not before, for each Scan Sequence) If your scanner is incapable of reporting dose, enter "0" in this field.							
DLP (Dose length product) If your scanner is incapable of reporting dose, enter "0" in this field.							

The fields below are for Cardiac Module examinations only							
Body Mass Index (BMI):							
Other symptoms, abnormal studies, or pertinent information:							
Resting Heart RateHR during scan Heart rhythm was: NSR regular NSR varying rate PVC/s during scan Arrhythmia Other							
Treat myunin was. D Not regular Divor varying rate DT vo/s during scall DAImyunina Doubei							
Number of Xray sources used (for dual source scanners)							
Type of EKG gating	☐ retrospective ☐ prospective ☐ none						
How many screen shots and how are your screen shots formatted?	☐ jpeg ☐ bitmap ☐ pmg ☐ other	☐ jpeg ☐ bitmap ☐ pmg ☐ other	☐ jpeg ☐ bitmap ☐ pmg ☐ other	☐ jpeg ☐ bitmap ☐ pmg ☐ other			
Where are the screen shot images saved on your CD?	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder			
How many cine images or movies are you submitting for this sequence and how are they formatted?	# cine avi mpg wmv mp4 other	# cine avi mpg wmv mp4 other	# cine avi mpg wmv mp4 other	# cine avi mpg wmv mp4 other			
Where are the cine images or movies saved on your CD?	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder	☐ in the same series ☐ in a separate folder			

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