

PET Equipment Evaluation Summary

System:
Address:
System PETAP# - Unit #:
PET System Manufacturer:
Medical Physicist:
Signature:

Report Date:
Survey Date:

Model:

Equipment Evaluation Tests

* Optional ** Tested along the full axial extent of the scanner

*** Not required for PET/MR systems

1. Spatial Resolution
2. Count Rate Performance (count rate versus activity), including count loss correction *
3. Sensitivity
4. Image Uniformity**
5. Image Quality Phantom
6. Accuracy of CT# ***
7. Accuracy of standard uptake value (SUV) measurement
8. Image Co-registration
9. Processing Monitor
10. Camera Interlocks
11. Safety Evaluation

Mechanical
Electrical

Pass/Fail/NA

Evaluation of Site's QC Program

1. Daily PET Detector Check
2. Daily CT Check
3. Semi-annual (quarterly preferred) PET ACR Phantom
4. Dose Calibrator Tests
 - a. a. Accuracy
 - b. b. Linearity
 - c. c. Constancy

Pass/Fail

Date	

Medical Physicist's Recommendations for Quality Improvement and Comments on Testing

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