



ACR Small SPECT Phantom Order Form

FOR USA AND its Territories Only ALL OTHERS Please Contact Data Spectrum
American College of Radiology (ACR) Nuclear Medicine/PET Accreditation Program

USE OF THE SMALL SPECT PHANTOM IS CAMERA SPECIFIC: D-SPECT, GE 530c, GE 570c, CardiaArc, maiCam, C!, P3000, and ClearVision. Optional (can use either): c.cam, CardioMD, Ventri ; PLEASE VERIFY your ability to use this – IF IN DOUBT contact the ACR.

To qualify for this phantom you MUST complete the following:

For Nuclear Medicine - NMAP #	
Facility Name:	

ABOVE NUMBER IS REQUIRED. Once you apply for accreditation your NMAP number will be supplied to you by the ACR. If you do not have these numbers, please submit a support ticket at [Complete Accreditation Information: Nuclear Medicine and PET \(Revised 04-05-2021\) : Accreditation Support \(acr.org\)](#)

Completion of this form is required – incomplete forms will be returned. Send form to:
Data Spectrum Corporation, 1605 East Club Boulevard, Durham, NC 27704-3405
P: (919) 732-6800 Ext. 2000 F: (919) 732-2260 Email: sales@spect.com

Description	Model	Price	Qty.	Total
Small SPECT Phantom	ECT/SM/P	\$1851.00		
Shipping & Handling, Per unit purchased, within the Continental United States Only	Freight	\$30.00		

North Carolina ONLY exemption # _____ for sales, if you are not taxable.

☐ Send invoice, our terms are NET 30, and you MUST provide a PO # _____

(Must have a valid DSC account – please request and provide a credit application)

☐ **Prepayment, including shipping, must be included in your payment, or shipment will be delayed.**

Prepayment is enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of \$_____, (Checks should include the name of the facility).

☐ Credit-card payment in the amount of purchase, including shipping & handling.

☐ Master Card ☐ Visa Card ☐ Discover Card ☐ American Express

Card No.: _____ Expiration Date: _____

V Code: _____ Card Holder: _____

Ship To

Bill To or Credit Card Bill To, if different from Ship To

Contact Name:	Contact or CC Name:	
Email:	Email:	
Phone:	Phone:	Fax:
Org Name & Address:	Org Name & Address:	

Signed: _____ Title: _____ Date: _____