



## PET Accreditation Program

## Clinical Test Image Data Sheet

### Brain PET Imaging

**Type of Unit:** ☐ PET/CT ☐ PET/MR ☐ PET only

**Exam type:** ☐ Normal ☐ Abnormal

**Date of Study:** \_\_\_\_\_

**Patient Age:** \_\_\_\_\_

**Reason for Exam:** \_\_\_\_\_

### PATIENT IMAGE DATA

<b>Type of Unit</b> Manufacturer: _____ Model: _____		
<b>Radiopharmaceutical</b>		
Agent(s): <input type="checkbox"/> F-18 FDG <input type="checkbox"/> Other, specify: _____		
Dose: _____ mCi		
<i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
<b>Patient Preparation</b>		
Baseline glucose measured? <input type="checkbox"/> YES <input type="checkbox"/> NO		_____mg/dl
Relevant medication? <input type="checkbox"/> YES, specify: _____ <input type="checkbox"/> NO		
Controlled environment? <input type="checkbox"/> YES, describe: _____ <input type="checkbox"/> NO		
<b>Brain PET Study - Acquisition</b>		

12/8/2023

Time delay before scanning: _____ <input type="checkbox"/> mins <input type="checkbox"/> secs	Acquisition mode <input type="checkbox"/> 3D <input type="checkbox"/> 2D
If PET/CT selected: CT Dosimetry for this scan (from CT acquisition computer or estimated values):	CTDI vol: _____ DLP: _____
Acquisition used: (Select One) <input type="checkbox"/> Bed position <input type="checkbox"/> Continuous bed motion Total imaging time (emission scan) per bed position: _____ min Number of bed positions acquired: _____	
Total scan time: _____ min	
If <b>PET/MR</b> selected: Which MR sequences were used for attenuation correction?	
If <b>PET only</b> selected: What transmission source is used: Transmission time per "bed": _____ min	

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