



**Worksheet Only**  
**Must Complete Online**  
**(See Online Testing)**

## PET Accreditation Program

## Clinical Test Image Data Sheet

### Myocardial Perfusion or Myocardial Viability

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

Exam type: ☐ Normal ☐ Abnormal

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

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

Reason for exam: \_\_\_\_\_

### PATIENT IMAGE DATA

#### Type of Unit

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

#### Procedure and Radiopharmaceutical

Viability Agent: ☐ F-18 FDG ☐ Other, specify: \_\_\_\_\_

*If Viability:*

Dose: \_\_\_\_\_ mCi

Perfusion Agent(s): ☐ Rb-82 ☐ N-13 Ammonia

☐ Other, specify: \_\_\_\_\_

*If Perfusion:*

Rest Dose: \_\_\_\_\_ mCi

Stress Dose: \_\_\_\_\_ mCi

<b>Patient Preparation</b>	<input type="checkbox"/> Fasting __hrs <input type="checkbox"/> Fed, specify _____
Baseline glucose measured? <input type="checkbox"/> YES, <input type="checkbox"/> NO	_____mg/dl
Insulin given? <input type="checkbox"/> YES <input type="checkbox"/> NO	specify:
Glucose given? <input type="checkbox"/> YES <input type="checkbox"/> NO	specify:
Other pharmacologic preparation? <input type="checkbox"/> YES <input type="checkbox"/> NO	specify _____
<b>Cardiac PET Study - Acquisition</b>	
Coronary Flow Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF PET/CT selected: CT Dosimetry for this scan (from CT acquisition computer or estimated values):	CTDI vol: DLP:
<b>Is Quantitative imaging analysis required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Cedar's <input type="checkbox"/> Emory <input type="checkbox"/> AutoQuant <input type="checkbox"/> Other _____	
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	

12/8/2023