



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

PET Accreditation Program

Clinical Test Image Data Sheet

Oncology PET Imaging

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

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Height: _____ Weight: _____

Patient Age: _____

Reason for Exam: _____

PATIENT IMAGE DATA

Type of Unit Manufacturer: _____ Model: _____	
Radiopharmaceutical	
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>	
Patient Preparation	<input type="checkbox"/> Fasting _____ hrs <input type="checkbox"/> Fed, specify: _____
Baseline glucose measured? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ mg/dl
Whole Body PET Study - Acquisition	
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:

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Acquisition used: (Select One)

☐ Bed position

☐ Continuous bed motion

Total imaging time (emission scan) per bed position: _____ min

Number of bed positions acquired: _____

Total scan time: _____ min

If **PET/MR** selected:

Which MR sequences were used for attenuation correction?

If **PET only** selected:

What transmission source is used:

Transmission time per "bed": _____ min

Patient motion assessment ☐ YES, Specify: _____ ☐ NO

SUV Measurement: ☐ Yes ☐ No

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