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American College of Radiology

Worksheet Only Must Complete Online (See Online Testing)

PET Accreditation Program	Clinical Test I	
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): F-18 FDG Other, specify:	Dose: mCi			
Please complete all fields. If a field is not applicable, please enter "0".				
Patient Preparation	□ Fasting hrs			
	□ Fed, specify:			
Baseline glucose measured? YES NO	mg/dl			
Whole Body PET Study - Acquisition				
Time delay before scanning:	Acquisition mode:			
If PET/CT selected: CT Dosimetry for this scan (from	CTDI vol:			
CT acquisition computer or estimated values):	DLP:			

12/8/2023

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• IT **~**1. t Image Data Sheet

Acquisition used: (Select One) Bed position Continuous bed motion Total imaging time (emission scan) Number of bed positions acquired:	per bed position:	min	
Total scan time: min			
If PET/MR selected: Which MR sequences were used for	r attenuation correcti	ion?	
If PET only selected: What transmission source is used: Transmission time per "bed":	min		
Patient motion assessment	□ YES, Specify: _	NO	
SUV Measurement: Yes N	0		