



## Clinical Test Image Data Sheet

### Nuclear Medicine Accreditation Program

#### Gallium Spot Imaging

Exam type: ☐ Normal ☐ Abnormal

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

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

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

#### PATIENT IMAGE

<b>Radiopharmaceutical</b>		
Agent: <input type="checkbox"/> Ga67		
Dose: mCi		
<input type="checkbox"/> Single detector	<input type="checkbox"/> Dual detector	<input type="checkbox"/> Triple detector
Collimator: <input type="checkbox"/> MEGP	<input type="checkbox"/> MEHR	<input type="checkbox"/> Other
<b>Spot Image Study</b>		
	<b>Anterior View</b>	<b>Posterior View</b>
Counts/Image		
Body	k cts	k cts
Head/Neck	k cts	k cts
Extremities	k cts	k cts
	Time of imaging after RPH injection:	_____ hours
	Time of imaging after RPH injection:	_____ hours
	Time of imaging after RPH injection:	_____ hours
Was SPECT imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If SPECT and WB imaging was performed, you MUST upload the SPECT, WB, and Planar images or your image submission may be rejected.		

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**Whole Body Study:** ☐ Yes ☐ No **(This section is optional)**

**Requirements: (If Yes then the below fields are required)**

**Whole Body Study**

*Please complete all fields. If a field is not applicable, please enter "0".*

	<b>Anterior View</b>	<b>Posterior View</b>
Scan Speed	cms/min	cms/min
Total Counts	k cts	k cts
Total Time	minutes	minutes

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