



Clinical Test Image Data Sheet

Nuclear Medicine/ Accreditation Program

Gallium Whole Body Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical		
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		
Whole Body Study		
	Anterior View	Posterior View
Scan Speed	_____ cms/min	_____ cms/min
Total Counts	_____ k cts	_____ k cts
Total Time	_____ minutes	_____ minutes
	Time of imaging after RPH injection: _____	_____ hours
	Time of imaging after RPH injection: _____	_____ hours
	Time of imaging after RPH injection: _____	_____ hours
Spot Image Study: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes then below section must be required)		
Spot Image Study		
Please complete all fields. If a field is not applicable, please enter "0".		
	Anterior View	Posterior View
Counts/Image		
Body	_____ k cts	_____ k cts
Head/Neck	_____ k cts	_____ k cts

12/8/2023

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
<p>Was SPECT imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If SPECT and WB imaging was performed, you MUST upload the SPECT, WB and Planar images or your image submission may be rejected.</p>		