



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Hepatobiliary Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE DATA

Radiopharmaceutical	Agent:	Dose: mCi
Any dietary or pharmacologic intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes select one, <input type="checkbox"/> High Fat Meal or <input type="checkbox"/> Cholecystokinin		
Dose: ug over minutes		
<input type="checkbox"/> Other		
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other:		
Total image time: minutes	Time/Image: secs	