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Worksheet Only
Must Complete Online
(See Online Testing)



Clinical Test Image Data Sheet

Nuclear Medicine Accred	litation Program	l		
Hepatobiliary Imaging Exam type: □ Normal	□ Abnorma	al		
Date of Study:				
Patient Age:				
Reason for exam:				
PATIENT IMAGE DATA	<u>.</u>			
Radiopharmaceutical	Agent:		Dose:	mCi
Any dietary or pharmacolog	gic intervention?	☐ Yes ☐ No	1	
If yes select one, □ High F	Fat Meal or □ Ch	olecystokinin		
Dose: ug over minu	utes			
□ Other				
Collimator:	EAP LEHR	☐ LEUHR	☐ Other:	
Total image time: minutes		Time/Image:	secs	