



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

I131 or I123 Spot Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical		
Agent: <input type="checkbox"/> I131 <input type="checkbox"/> I123		
Patient Prep:		
Dose: _____ mCi		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Triple detector		
Collimator: <input type="checkbox"/> HEPH <input type="checkbox"/> Other _____		
Whole Body Study <input type="checkbox"/> Yes <input type="checkbox"/> No		
Whole Body Study <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
	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 (This is a required section)		
	Anterior View	Posterior View

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