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Worksheet Only Must Complete Online (See Online Testing)



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: □ I131 □ I123			
Patient Prep:			
Dose: mCi			
☐ Single detector ☐ Dual detector ☐ Triple detector			
Collimator: HEPH	□ Other		
Whole Body Study □ Yes □ No			
Whole Body Study Please complete all fields. If a field is not applicable, please enter "0".			
	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: Time of imaging after RPH injection:	hours	
Spot Image Study (This is a required section)			
	Anterior View	Posterior View	

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Counts/Image		
Body	k cts	k cts
Head/Neck	k cts	k cts
Extremities	k cts	k cts
	Time of imaging after RPH injection: Time of imaging after RPH injection: Time of imaging after RPH injection:	hours hours hours