



## Clinical Test Image Data Sheet

### Nuclear Medicine Accreditation Program

#### I131 or I123 Whole Body Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

#### PATIENT IMAGE

<b>Radiopharmaceutical</b>		
Agent: <input type="checkbox"/> I131 <input type="checkbox"/> I123		
Patient Prep:		
Dose: _____ mCi		
Time of imaging after RPH injection:	_____ hours	
Time of imaging after RPH injection:	_____ hours	
Time of imaging after RPH injection:	_____ hours	
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Other (specify): _____		
<b>Whole Body Study (This is a required section)</b>		
	<b>Anterior View</b>	<b>Posterior View</b>
Scan Speed	_____ cms/min	_____ cms/min
Total Counts	_____ k cts	_____ k cts
Total Time	_____ minutes	_____ minutes
Spot Image Study <input type="checkbox"/> Yes <input type="checkbox"/> No		

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<b>Spot Image Study (This section is optional)</b> <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
	<b>Anterior View</b>	<b>Posterior View</b>
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