



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Octreotide Whole Body or Octreotide Spot Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical		
Agent: <input type="checkbox"/> Indium Octreoscan <input type="checkbox"/> Other		
Dose: _____ mCi		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector		
Collimator: <input type="checkbox"/> MEGP <input type="checkbox"/> MEHR <input type="checkbox"/> Other		
Whole Body Study		
	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: _____ Time of imaging after RPH injection: _____ Time of imaging after RPH injection: _____	_____ hours _____ hours _____ hours
Spot Image Study		
Spot Image Study <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
	Anterior View	Posterior View
Counts/Image	_____	_____
Body	_____ k cts	_____ k cts

12/8/2023

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
Was SPECT imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If SPECT and WB imaging was performed, you MUST upload the SPECT, WB and Planar images or your image submission may be rejected.		