



## Clinical Test Image Data Sheet

### Nuclear Medicine Accreditation Program

#### Perfusion Lung Imaging

Exam type: ☐ Normal ☐ Abnormal

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

Patient age: \_\_\_\_\_

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

#### PATIENT IMAGE DATA

<b>Radiopharmaceutical</b>	
Was ventilation acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, ventilation images must be uploaded)	
Agent: <input type="checkbox"/> TcDPTA <input type="checkbox"/> Xe-133 <input type="checkbox"/> Other Dose: _____ mCi	
Agent: <input type="checkbox"/> TcMAA <input type="checkbox"/> Other Dose: _____ mCi	
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other	
Views: (Select applicable) <input type="checkbox"/> ANT <input type="checkbox"/> POS <input type="checkbox"/> LPO <input type="checkbox"/> RPO <input type="checkbox"/> LAO <input type="checkbox"/> RAO <input type="checkbox"/> LLT <input type="checkbox"/> RLT	
o Counts/Image: _____ k cts	o Time/Image: _____ secs
Was SPECT imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If SPECT imaging was performed, you MUST upload both the SPECT and Planar images or your image submission may be rejected.	