



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Whole Body Bone Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical		
Agent: <input type="checkbox"/> Tc 99m MDP <input type="checkbox"/> Tc 99m HDP <input type="checkbox"/> Other		
Dose: _____ mCi		
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual detector <input type="checkbox"/> Triple detector		
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <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
Spot Image Study <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please complete all fields. If a field is not applicable, please enter "0".</i>		
	Anterior View	Posterior View
Counts/Image	_____	
Flow	_____ sec/frame	_____ sec/frame

Blood Pool Image	k cts	k cts
Axial Skeleton	k cts	k cts
Appendicular Skeleton	k cts	k cts
<p>Was SPECT imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If SPECT imaging was performed, you MUST upload both the SPECT and Planar images or your image submission may be rejected.</p>		