



Worksheet Only
Must Complete Online
(See Online Testing)

Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Bone SPECT 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	
Bone SPECT Study - Acquisition	
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector	
Axial or appendicular skeleton	
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Other	
Number of projection images: _____	Time per projection image: _____ sec
Total imaging time: _____ mins	Total counts: _____ kcts
Radius of rotation: <input type="checkbox"/> Fixed: _____ cm <input type="checkbox"/> Auto Contour <input type="checkbox"/> N/A	
Matrix: <input type="checkbox"/> 64x64 <input type="checkbox"/> 128x128 <input type="checkbox"/> 256x256 <input type="checkbox"/> 512x512 <input type="checkbox"/> Other:	
Magnification factor: <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No	

12/8/2023

Patient motion assessment: ☐ Yes ☐ No

☐ Visual Cine

☐ Sinogram

Motion correction applied: ☐ Yes ☐ No

Was Planar or Whole Body imaging performed? ☐ Yes ☐ No

If Planar imaging was performed, you MUST upload both the planar and SPECT images or your image submission may be rejected.