



Nuclear Medicine Accreditation Program

Clinical Test Image Data Sheet

Brain SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE DATA

Radiopharmaceutical	Agent: <input type="checkbox"/> HMPAO <input type="checkbox"/> ECD <input type="checkbox"/> DaTscan <input type="checkbox"/> Other
	Dose: _____ mCi
Patient Preparation	
Relevant medication? <input type="checkbox"/> YES, specify: _____ <input type="checkbox"/> NO	
Controlled environment? <input type="checkbox"/> YES, describe: _____ <input type="checkbox"/> NO	
Brain SPECT Study - Acquisition	

<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"/> Fan Beam <input type="checkbox"/> Other	
Number of projection images:	Time per projection image: _____ sec
	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	
Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Visual Cine <input type="checkbox"/> Sinogram	
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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