



Nuclear Medicine Accreditation Program

Clinical Test Image Data Sheet

Gallium SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical	
Dose: _____ mCi	
Gallium 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"/> MEGP <input type="checkbox"/> MEHR <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"/> BodyContour <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
<ul style="list-style-type: none"><input type="radio"/> Visual Cine<input type="radio"/> Sinogram
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Planar or Whole Body imaging performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Planar imaging was performed, you MUST upload both the planar and SPECT images or your image submission may be rejected.