



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Hepatic Blood Pool or Liver SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE DATA

Radiopharmaceutical	Agent:	Dose: mCi
	Agent:	Dose: mCi
Hepatic Blood Pool or Liver 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"/> Other _____		
Number of projection images:	Time per projection image: sec	
Total imaging time: min	Total counts: kcts	
Radius of rotation: <input type="checkbox"/> Fixed: cm <input type="checkbox"/> Auto Contour <input type="checkbox"/> N/A		
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		

12/8/2023

Was Planar 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.

12/8/2023