



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

MIBG SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical	
Agent: <input type="checkbox"/> I123 MIBG <input type="checkbox"/> I131 MIBG <input type="checkbox"/> Other (specify):	
Dose: _____ mCi	
MIBG 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"/> HEGP <input type="checkbox"/> Other (specify):	
Number of projection images:	Time per projection image: _____ sec
	Total counts: _____ k cts
Radius of rotation: <input type="checkbox"/> Fixed: _____ cm <input type="checkbox"/> Body Contour <input type="checkbox"/> N/A	
Matrix: <input type="checkbox"/> 64 x 64 <input type="checkbox"/> 128 x 128 <input type="checkbox"/> 256 x 256 <input type="checkbox"/> 512 x 512 <input type="checkbox"/> Other (specify):	
Magnification factor: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	

12/8/2023

Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No
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