



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Octreotide SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical	
Agent: <input type="checkbox"/> Indium Octreoscan	
Dose: _____ mCi	
Octreotide SPECT Study - Acquisition	
<input type="checkbox"/> Single detector <input type="checkbox"/> Dual Detector <input type="checkbox"/> Triple Detector	
Axial or appendicular	
Collimator: <input type="checkbox"/> MEGP <input type="checkbox"/> MEHR <input type="checkbox"/> Other	
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"/> 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

If Yes:

☐ 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.

12/8/2023