



Clinical Test Image Data Sheet

Nuclear Medicine Accreditation Program

Parathyroid SPECT Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE

Radiopharmaceutical	
Agent: <input type="checkbox"/> Tc99m Sestamibi <input type="checkbox"/> Other (specify):	
Dose: mCi	
Parathyroid 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	
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 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.