



## Clinical Test Image Data Sheet

### Nuclear Medicine Accreditation Program

#### MUGA Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

#### PATIENT IMAGE DATA

<b>Radiopharmaceutical</b>	
Agent: <input type="checkbox"/> In Vivo RBC: <input type="checkbox"/> In Vitro <input type="checkbox"/> Mod. In Vivo RBC <input type="checkbox"/> Other	
Dose: _____ mCi	
<b>Imaging Study</b>	
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> Other	
Number of Frames: _____	
R to R interval: _____ msec	
Total time/view: _____	
Arrhythmia rejection applied: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rhythm <input type="checkbox"/> Normal Sinus Rhythm <input type="checkbox"/> Other (specify): _____	

12/8/2023