



Clinical Test Image Data Sheet

Nuclear Medicine/ Accreditation Program

Myocardial Perfusion Imaging

Exam type: ☐ Normal ☐ Abnormal

Date of Study: _____

Patient Age: _____

Reason for exam: _____

PATIENT IMAGE DATA

Protocol: <input type="checkbox"/> One Day <input type="checkbox"/> Two Day	
Dual Isotope: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stress Protocol: <input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacological <input type="checkbox"/> Bicycle	
Gated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrhythmia rejection applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacological/Dose/Rate: <div style="text-align: right;"><input type="checkbox"/> Regadenoson <input type="checkbox"/> Dipyridamole <input type="checkbox"/> Adenosine <input type="checkbox"/> Dobutamine <input type="checkbox"/> Other:</div> Total dose:	

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Is Pharmacological Intervention/Dose/Rate required? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, select one)	
<input type="checkbox"/> Aminophylline <input type="checkbox"/> Atropine <input type="checkbox"/> Other:	Dose/Rate: Dose/Rate: Dose/Rate:
Radiopharmaceuticals/Dose:	
Rest Dose: mCi <input type="checkbox"/> Tl201 <input type="checkbox"/> Tc99m Sestamibi <input type="checkbox"/> Tc99m Tetrofosmin <input type="checkbox"/> Other:	Stress Dose: mCi <input type="checkbox"/> Tl201 <input type="checkbox"/> Tc99m Sestamibi <input type="checkbox"/> Tc99m Tetrofosmin <input type="checkbox"/> Other:

SPECT Study - Acquisition	
Collimator: <input type="checkbox"/> LEAP <input type="checkbox"/> LEHR <input type="checkbox"/> LEUHR <input type="checkbox"/> Fan Beam <input type="checkbox"/> Other	
Number of projection images:	
Time per projection image: Stress _____secs Rest _____secs	
Total counts: k cts (stress)	Total counts: k cts (rest)
	Radius of rotation: <input type="checkbox"/> Fixed: cm <input type="checkbox"/> Auto Contour
Rotation orbit: <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Body Contour <input type="checkbox"/> Other Orbit: <input type="checkbox"/> 180° <input type="checkbox"/> 360°	
Acquisition mode: <input type="checkbox"/> Step/Shoot <input type="checkbox"/> Continuous	
Magnification factor: <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No	
Patient motion assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if Yes:</i> <input type="checkbox"/> Visual Cine <input type="checkbox"/> Sinogram	
Motion correction applied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECT Study - Processing	
Slice thickness: mm	

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Attenuation correction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Display Images <input type="checkbox"/> Short Axis <input type="checkbox"/> Horizontal Longitudinal Axis <input type="checkbox"/> Vertical Longitudinal Axis <input type="checkbox"/> Walls are labeled	
OSEM: <input type="checkbox"/> Yes <input type="checkbox"/> No	Iterations: Subset:
B. SPECT Study - Evaluation:	
Is Quantitative imaging analysis required? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then select one of the following) <input type="checkbox"/> Cedar's <input type="checkbox"/> Emory <input type="checkbox"/> AutoQuant <input type="checkbox"/> Other _____	
Qualitative: <input type="checkbox"/> Off Screen <input type="checkbox"/> Off Hard Copy	

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