Worksheet Only
Must Complete Online
(See Online Testing)

Phantom Site Scanning Data Form

American College of Radiology™

Nuclear Medicine Accreditation Program

CAMERA SYSTEM INFORMATION

Camera Vendors	Model Name	Year of Manufacturer	Serial Number

Computer System:

Model Name	Computer Software Version	Vendor

Has all data submitted for the camera system been processed in a manner similar to clinical data with the computer and software indicated above? ☐ Yes ☐ No

Has the physicist verified that the phantom used for this submission is the ACR-approved phantom described in the most recent site scanning instructions? ☐ Yes ☐ No

Other information or comments: _____

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PLANAR IMAGES

Acquisition One – Tc-99m/Co-57

A. Field Uniformity

Isotope: ☐ Tc-99m ☐ Co-57 Method: ☐ Intrinsic ☐ System Collimator: ☐ General Purpose ☐ High Resolution ☐ Other _____ Total Counts: ☐10M (large rect.) ☐ 5M ☐ Other __-__ M Matrix: ☐ 256 ☐ Other_	Time for acquisition: ____sec Window 1:____(peak)/____% window

B. Spatial Resolution

Please select type of the test pattern for phantom: ☐ Four Quadrant ☐ ACR Phantom

Images uploaded MUST match the selection here.

If Four Quadrant

Isotope: ☐ Tc-99m ☐ Co-57 Method: ☐ Intrinsic ☐ System Collimator: ☐ General Purpose ☐ High Resolution **<u>Requirement for Collimator</u>: If method is system, then Collimator is required to be completed.** Total Counts: ☐ 5M ☐ 3M Matrix: ☐ 256 ☐ 512 ☐ 1024 ☐ Other_____	Time for acquisition: _____sec

If ACR Phantom

Isotope: Tc-99m Matrix: ☐ 256 ☐ Other _____ Total Counts: 600K	Time for acquisition: _____sec Collimator: ☐ General Purpose ☐ High Resolution

Acquisition Two – Tl-201

A. Field Uniformity

Method: ☐ Intrinsic ☐ System Collimator: ☐ General Purpose ☐ High Resolution ☐ Other _____ Total Counts: ☐10M (large rect.) ☐ 5M ☐ Other _____ M Matrix: ☐ 256 ☐ Other_____	Window 1/: ___(peak)/ ___% Window 2/: ___(peak)/ ___% Window 3/: ___(peak)/ ___%

B. Spatial Resolution

Please select type of the test pattern for phantom: ☐ Four Quadrant ☐ ACR Phantom

Images uploaded MUST match the selection here.

If Four Quadrant

Method: ☐ Intrinsic ☐ System Collimator: ☐ General Purpose ☐ High Resolution **<u>Requirement for Collimator</u>: If method is system, then Collimator is required to be completed.** Total Counts: ☐ 5M ☐ 3M Matrix: ☐ 256 ☐ 512 ☐1024 ☐ other_____	Time for acquisition: _____ sec

If ACR Phantom

Matrix: ☐ 256 ☐ Other _____ Total Counts: 600K	Time for acquisition: _____sec Collimator: ☐ General Purpose ☐ High Resolution

Acquisition Three – Ga-67/In-111

A. Field Uniformity

Isotope: o Ga-67 o In-111 Method: ☐ Intrinsic ☐ System Collimator: ☐ Medium Energy ☐ Other _____	Window 1/: ___(peak)/ ___% Window 2/: ___(peak)/ ___% Window 3/: ___(peak)/ ___%

Total Counts: ☐ 10M (large rect.) ☐ 5M ☐ Other _____ M Matrix: ☐ 256 ☐ Other_____	

B. Spatial Resolution

Please select type of the test pattern for phantom: ☐ Four Quadrant ☐ ACR Phantom

Images uploaded MUST match the selection here.
If Four Quadrant

Method: ☐ Intrinsic ☐ System Collimator: Medium Energy **<u>Requirement for Collimator</u>: If method is system, then Collimator is required to be completed.** Total Counts: ☐ 5M ☐ 3M Matrix: ☐ 256 ☐ 512 ☐1024 ☐ Other_____	Time for acquisition: _____ sec

If ACR Phantom

Matrix: ☐ 256 ☐ Other _____ Total Counts: 600K	Time for acquisition: _____sec Collimator: Medium Energy

If at least one Four Quadrant value is selected for any isotope

Fill in the appropriate fields based on the four-quadrant bar phantom used (smallest bars should be between 2 and 3 mm)

Four Quadrant (smallest to largest): _____ _____ _____ _____ mm

SPECT Phantom Information

ACR Approved SPECT Phantom: ☐ Deluxe Flanged
☐ Deluxe Flangless
☐ Small SPECT Phantom

Rod Sizes (small to large): _4.8_ _6.4_ _7.9_ __9.5_ _11.1__ _12.7_mm

Sphere Sizes (small to large): _9.5_ _12.7_ _15.9_ __19.1_ _25.4__ _31.8_mm

Rod Sizes (small to large): _4.8_ _6.4_ _7.9_ __9.5_ _11.1__ _12.7_mm

Sphere Sizes (small to large): _6.4_ _9.5_ _12.7_ _15.9_ __19.1 _ _25.4__mm _

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SPECT IMAGES

QC Information

Fill in the appropriate fields based on the most recent calibrations

Center-of-Rotation
Date performed: _____
Is the COR performed with the company recommended protocol? ☐ Yes ☐ No

Flood (Uniformity Correction)
Date performed: _____
Method: ☐ Intrinsic ☐ System
Total counts: kcts
Nuclide: ☐ Co-57 ☐ Tc-99m

Collimator: _____

Acquisition One – Tc-99m

Fill in the acquisition parameters:

Activity: _____mCi
Matrix: ☐128 ☐ Other _____
Radius of Rotation: _____cm
Technique: ☐ Step/Shoot ☐ Continuous
Number of Views: _____
Orbit Shape: ☐ Circular ☐ Non-circular
Acquisition Orbit: ☐180° ☐ 360°

Acquisition Zoom: ☐ 1 ☐ Other_____
Time/Projection (view): _____sec
Counts for First Projection (view):_____
Pixel Size (if not available, please enter 0):
_____mm
Window 1/: ___(peak)/ ____%

Fill in the reconstruction and processing parameters

Reconstruction Filter: ☐ Butterworth (filtered back projection)
☐ Alternative Reconstruction Filter

If Butterworth selected
Cutoff: _____ Slope: _____

If Alternative selected
Name and Type: _____
Describe parameters: _____

☐ Resolution Enhancement
Slice Thickness: ___cm Display Zoom: ___ Attenuation Coefficient: _____
☐ CT

If CT is selected, no numeric value needs to be entered for Attenuation Coefficient