



ACR Phantom Order Form

FOR USA AND its Territories Only ALL OTHERS Please Contact Data Spectrum
American College of Radiology (ACR) Nuclear Medicine/PET Accreditation Program
To qualify for any of these phantoms you MUST complete the following:

For PET PETAP #:		For Nuclear Medicine NMAP #:	
Facility Name:			

ABOVE NUMBER AND FACILITY NAME ARE REQUIRED. Once you apply for accreditation your NMAP or PETAP number will be supplied to you by the ACR. If you do not have these numbers, please submit a support ticket at [Complete Accreditation Information: Nuclear Medicine and PET \(Revised 04-05-2021\) : Accreditation Support \(acr.org\)](https://www.acr.org/Complete-Accreditation-Information-Nuclear-Medicine-and-PET-Revised-04-05-2021)

Completion of this form is required – incomplete forms will be returned. Send form to:

Data Spectrum Corporation, 1605 East Club Boulevard, Durham, NC 27704-3405

P: (919) 732-6800 Ext. 2000 F: (919) 732-2260 Email: sales@spect.com

Description	Model	Price	Qty.	Total
PET Only: Flangeless PET Phantom	PET/FL/P	\$2,860.50		
PET & Nuclear Medicine: Flangeless PET Phantom, 2 nd Deluxe ECT Lid	PET/FL-X2/P	\$3,577.50		
Nuclear Medicine Only: Flangeless Deluxe Jaszczak Phantom	ECT/FL-DLX/P	\$2,145.75		
PET Lid – faceplate is made to fit an existing cylinder – Please Call	PET/FL/LID-ONLY & PET/FL-LIDPARTS	\$1,519.50		
Shipping & Handling, Per unit purchased, within the Continental United States Only.	Freight & Insurance	\$30.00		

For any SMALL FIELD OF VIEW DEDICATED CARDIAC SPECT SYSTEMS you will probably need our Small SPECT Phantom – see that specific order form (this is camera specific!)

North Carolina ONLY exemption # _____ for sales, if you are not taxable.

- ☐ Send invoice, our terms are NET 30, and you MUST provide a PO # _____
(Must have a valid DSC account – please request and provide a credit application)
- ☐ **Prepayment, including shipping, must be included in your payment, or shipment will be delayed.** Prepayment is enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of \$_____,
(Checks should include the name of the facility).
- ☐ Credit-card payment in the amount of purchase, including shipping & handling.

☐ Master Card ☐ Visa Card ☐ Discover Card ☐ American Express

Card No.: _____ Expiration Date: _____

CVV Code: _____ Card Holder: _____

Ship To

Bill To or Credit Card Bill To, if different From Ship To

Contact Name:	Contact or CC Name:	
Email:	Email:	
Phone:	Phone:	Fax:
Org. Name & Address:	Org. Name & Address:	

Signed: _____ **Title:** _____ **Date:** _____