

**INITIAL FORM**

1. FACILITY NAME	
2. APPLICATION DATE	
3. ADDRESS	
4. STUDY CONTACT PERSON	
5. TELEPHONE NUMBER	
6. EMAIL	
7. FAX NUMBER	
8. PET FACILITY NAME	
9. ADDRESS	
10. PET CONTACT PERSON	
11. TELEPHONE NUMBER	
12. EMAIL	
13. FAX NUMBER	
14. SCANNER MAKE AND MODEL	
15. ARE YOU PERFORMING ALL QC PROCEDURES SPECIFIED BY THE SCANNER MANUFACTURER?	
16. UNIFORM PHANTOM LENGTH (CM)	
17. UNIFORM PHANTOM DIAMETER (CM)	

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18. UNIFORM PHANTOM VOLUME (ML)

19. PHANTOM WEIGHT ENTERED INTO ACQUISITION  
INTERFACE (KG)

20. SCAN DATE

21. RADIONUCLIDE

22. DOSE ASSAY AMOUNT (MCI)

23. DOSE ASSAY TIME

24. RESIDUAL ACTIVITY ASSAY AMOUNT (MCI)

25. RESIDUAL ACTIVITY ASSAY TIME

26. NET PHANTOM ACTIVITY ENTERED INTO ACQUISITION  
INTERFACE (MCI)

27. TIME PER BED POSITION OR TABLE SPEED

28. EMISSION SCAN START TIME

29. WHOLE-BODY TEST CASE #1 - PATIENT HEIGHT (CM)

30. WHOLE-BODY TEST CASE #1 - PATIENT WEIGHT (KG)

31. WHOLE-BODY TEST CASE #1 - BLOOD GLUCOSE PRIOR TO  
FDG

32. WHOLE-BODY TEST CASE #1 – DOSE ASSAY AMOUNT (MCI)

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33. WHOLE-BODY TEST CASE #1 - DOSE ASSAY TIME

34. WHOLE-BODY TEST CASE #1 - INJECTION TIME

35. WHOLE-BODY TEST CASE #1 – RESIDUAL ACTIVITY ASSAY AMOUNT(MCI)

36. WHOLE-BODY TEST CASE #1 –RESIDUAL ACTIVITY ASSAY TIME

37. WHOLE-BODY TEST CASE #1 – TIME PER BED POSITION OR TABLE SPEED

38. WHOLE-BODY TEST CASE #1 - START TIME EMISSION SCAN

39. WHOLE-BODY TEST CASE #2 - PATIENT HEIGHT (CM)

40. WHOLE-BODY TEST CASE #2 - PATIENT WEIGHT (KG)

41. WHOLE-BODY TEST CASE #2 - BLOOD GLUCOSE PRIOR TO FDG

42. WHOLE-BODY TEST CASE #2 – DOSE ASSAY AMOUNT (MCI)

43. WHOLE-BODY TEST CASE #2 - DOSE ASSAY TIME

44. WHOLE-BODY TEST CASE #2 - INJECTION TIME

45. WHOLE-BODY TEST CASE #2 – RESIDUAL ACTIVITY ASSAY AMOUNT(MCI)

46. WHOLE-BODY TEST CASE #2 – RESIDUAL ACTIVITY ASSAY TIME

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47. WHOLE-BODY TEST CASE #2 – TIME PER BED POSITION  
OR TABLE SPEED

48. WHOLE-BODY TEST CASE #2 - START TIME EMISSION SCAN