

## RENEWAL 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)	

**RENEWAL FORM**

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