

CL-B: Nuclear Medicine Procedures

Standard B4.1, B4.2 & C6

IMAGING PROCEDURES

Identify the number of in-vivo imaging procedures performed at this affiliate for the most recent 12-month period. A single study includes the total work done on a patient after radiopharmaceutical administration. For example, brain blood flow followed by brain SPECT equals one procedure. An institution may not perform all of the studies listed on this form.

Inclusive Dates for Data: _____ through _____

CATEGORY	NO.	CATEGORY	NO.	CATEGORY	
CARDIOVASCULAR		CNS		ENDOCRINE	
Myocardial Perfusion		Brain		Thyroid scan	_____
Stress/Rest	_____	Flow/statics	_____	Parathyroid	_____
Stress only	_____	SPECT	_____	Other _____	_____
Rest only	_____	Cisternogram	_____		
Gated Blood Pool Imaging	_____	CSF Leak	_____		
Other _____	_____	Other _____	_____		
Subtotal		Subtotal		Subtotal	
GASTROINTESTINAL		GENITOURINARY		HEMATOLOGIC	
Hepatobiliary	_____	Renal		Bone Marrow	_____
Gastroesophageal Reflux	_____	Scintigram	_____	Lymphangiogram	_____
Gastric Emptying	_____	Pinhole/statics	_____	Denatured RBC Spleen	_____
GI Bleed	_____	SPECT	_____	Other _____	_____
Meckel's Diverticulum	_____	Cystography	_____		
Liver/Spleen	_____	Other _____	_____		
Liver SPECT	_____				
Other _____	_____				
Subtotal		Subtotal		Subtotal	
INFLAMMATION & INFECTION		PET		PULMONARY	
Gallium	_____	Brain	_____	Ventilation/Perfusion	_____
White Blood Cell	_____	Cardiac	_____	Ventilation only	_____
Other _____	_____	Oncologic	_____	Perfusion only	_____
Other _____	_____	Inflammation	_____	Quantitative lung scan	_____
		Other _____	_____	Other _____	_____
Subtotal		Subtotal		Subtotal	
SKELETAL		TUMOR LOCALIZATION		MISCELLANEOUS	
Three Phase	_____	Antibody	_____	Other _____	_____
Limited	_____	Peptide	_____	Other _____	_____
Whole body	_____	Gallium	_____	Other _____	_____
SPECT	_____	Sentinel Node	_____	Other _____	_____
Other _____	_____	Thyroid WB Scan	_____		
		Other _____	_____		
Subtotal		Subtotal		Subtotal	
Total Imaging Procedures					

NON-IMAGING STUDIES

Identify the number of each type of nuclear medicine procedure performed in this institution for the most recent 12-month period. An institution may not perform all the procedures identified on this form.

Inclusive Dates for Data: _____ through _____

DIAGNOSTIC	NO.	THERAPEUTIC	NO.
Thyroid Uptake (single or multi)	_____	I-131 Hyperthyroidism	_____
Cell Survival/Sequestration	_____	I-131 Thyroid Carcinoma	_____
Red Cell Mass	_____	Y-90 Zevalin®	_____
CSF Leak (counting)	_____	Y-90 microspheres	_____
Other _____	_____	Ra-223 Xofigo®	_____
Other _____	_____	Sr-89 Metastron® / Sm-153Quadramet®	_____
Other _____	_____	Lu-177 Lutathera®	_____
Other _____	_____	Other _____	_____
Other _____	_____	Other _____	_____
DX Total		TX Total	
		Total Non-Imaging Procedures	

RADIOPHARMACEUTICAL PREPARATIONS

In the following table please identify the radiopharmaceuticals students are permitted to prepare. Identify the typical number of doses, by radiopharmaceutical, students draw during this assignment. **If students do not complete radiopharmacy competencies at this affiliate please leave the table blank.**

Inclusive Dates for Data: _____ through _____

Name of Radiopharmaceutical	Number of Kits Prepared by Student	Number of Doses Drawn by Student
	Total Kits Prepared:	Total Doses Drawn: