

**CL-B: Nuclear Medicine Procedures**

Standard B4.1, B4.2 &amp; 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 \_\_\_\_\_

<b>CATEGORY</b>	<b>NO.</b>	<b>CATEGORY</b>	<b>NO.</b>	<b>CATEGORY</b>	
<b>CARDIOVASCULAR</b>		<b>CNS</b>		<b>ENDOCRINE</b>	
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 _____	_____		
<b>Subtotal</b>		<b>Subtotal</b>		<b>Subtotal</b>	
<b>GASTROINTESTINAL</b>		<b>PET</b>		<b>PET</b>	
Hepatobiliary	_____	Brain		Oncology	
Gastroesophageal Reflux	_____	FDG	_____	FDG	_____
Gastric Emptying	_____	Amyloid	_____	DOTATATE	_____
GI Bleed	_____	Other _____	_____	IPSM/Axumin	_____
Meckel's Diverticulum	_____	Cardiac		Other _____	_____
Liver/Spleen	_____	FDG	_____		
Liver SPECT	_____	Perfusion	_____		
Other _____	_____	Other _____	_____		
<b>Subtotal</b>		<b>Subtotal</b>		<b>Subtotal</b>	
<b>INFLAMMATION &amp; INFECTION</b>		<b>GENITOURINARY</b>		<b>PULMONARY</b>	
Gallium	_____	Renal		Ventilation/Perfusion	_____
White Blood Cell	_____	Scintigram	_____	Ventilation only	_____
Other _____	_____	Pinhole/statics	_____	Perfusion only	_____
Other _____	_____	SPECT	_____	Quantitative lung scan	_____
		Cystography	_____	Other _____	_____
		Other _____	_____		
<b>Subtotal</b>		<b>Subtotal</b>		<b>Subtotal</b>	
<b>SKELETAL</b>		<b>TUMOR LOCALIZATION</b>		<b>HEMATOLOGIC</b>	
Three Phase	_____	Antibody	_____	Bone Marrow	_____
Limited	_____	Peptide	_____	Lymphangiogram	_____
Whole body	_____	Gallium	_____	Denatured RBC Spleen	_____
SPECT	_____	Sentinel Node	_____	Other _____	_____
Other _____	_____	Thyroid WB Scan	_____	Other _____	_____
		Other _____	_____		
<b>Subtotal</b>		<b>Subtotal</b>		<b>Subtotal</b>	
<b>Total Imaging Procedures</b>					

**NON-IMAGING STUDIES**

Identify the number of each type of non-imaging procedure performed at this affiliate 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 for hyperthyroidism	_____
Cell Survival/Sequestration	_____	I-131 for thyroid carcinoma	_____
Red Cell Mass	_____	I-131 MIBG Azedra®	_____
CSF Leak (counting)	_____	Y-90 Zevalin®	_____
Other _____	_____	Y-90 microspheres	_____
Other _____	_____	Ra-223 Xofigo®	_____
Other _____	_____	Sr-89 Metastron®/Sm-153 Quadramet®	_____
Other _____	_____	Lu-177 Lutathera®	_____
		Lu-177 PSMA Pluvicto®	_____
		Other _____	_____
		Other _____	_____
DX Total		TX Total	
<b>Total Non-Imaging Procedures</b>			

**RADIOPHARMACEUTICAL PREPARATIONS**

In the following table, identify the radiopharmaceuticals students are permitted to prepare at this affiliate. 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
	<b>Total Kits Prepared:</b>	<b>Total Doses Drawn:</b>