

NUCLEAR MEDICINE – FILM REVIEW SHEET

For each criteria item place a:

✓ to indicate Yes

X to indicate No

N/A to indicate Not Applicable

Facility Name/No. _____

GENERAL INFORMATION	Meets	Meets with Recommendations	Does not Meet	N/A
Are the following identified on the images obtained?				
• Proper positioning of scan				
• Injection site noted and radiopharmaceutical dose identified				
• Markers/projection information appropriate for MSK and renal imaging				
• Computer presentation of cardiac studies for dynamic display				
• Images are all labeled by nuclear medicine processing computer				
• If old style analogue presentation for films is used, is the name and date clearly printed?				
• Appropriate images obtained to assess the problem				

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	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (Exam #, Patient Initials)					
Examination Date					
Examination Type					
Is the examination being performed appropriate to the clinical indications					
Final report include: Pertinent clinical issues raised in the request for the examination					
Limitations of the study (if any)					
Comparative information with previous examination					
Conclusion or diagnosis					
Is the report accurate and does it meet IHF standards for form and content					
Interpreting physician's initials					

Patient 1

Patient 2

Patient 3

Patient 4

Patient 5

NUCLEAR MEDICINE – FILM REVIEW SHEET

	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10
Patient identifier (Exam #, Patient Initials)					
Examination Date					
Examination Type					
Is the examination being performed appropriate to the clinical indications					
Final report include: Pertinent clinical issues raised in the request for the examination					
Limitations of the study (if any)					
Comparative information with previous examination					
Conclusion or diagnosis					
Is the report accurate and does it meet IHF standards for form and content					
Interpreting physician's initials					

Patient 6

Patient 7

Patient 8

Patient 9

Patient 10

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	Patient 11	Patient 12	Patient 13	Patient 14	Patient 15
Patient identifier (Exam #, Patient Initials)					
Examination Date					
Examination Type					
Is the examination being performed appropriate to the clinical indications					
Final report include: Pertinent clinical issues raised in the request for the examination					
Limitations of the study (if any)					
Comparative information with previous examination					
Conclusion or diagnosis					
Is the report accurate and does it meet IHF standards for form and content					
Interpreting physician's initials					

Patient 11

Patient 12

Patient 13

Patient 14

Patient 15
