



**ACRIN 6671
PET Technical Assessment Form**

ACRIN Study 6671

PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

If this is a revised or corrected form, indicate by checking box.

Instructions: The TA form is to be completed by the technologist for each time point specified in the protocol, i.e., question 1 on the form. PET images are to be transmitted as defined in Appendix VII and X of the protocol. Please see attached instructions (page 4) for image transfer and data submission address. All dates must be reported as mm-dd-yyyy. All time fields must be reported in military format, i.e., 1:00pm = 13:00 hrs. Code all questions unless otherwise specified.

PET TIME-POINT INFORMATION

1. Protocol Imaging time point [1]

- Pre-op PET/CT abdomen, pelvis and chest
- Other imaging time point, specify:

_____ [2]

2. Was PET Imaging Completed? [3]

- No* (complete 2a, then sign and date form)
- Yes (proceed to Q3 and continue with form)

2a. *If No, provide reason: [4]

- Scheduling problem
- Equipment failure
- Patient refusal
- Medical reason
- Injection site complications
- Claustrophobia
- Other, specify:

_____ [5]

3. Date of PET Imaging: _____ [6]
(mm-dd-yyyy)

4. Date of PET Scan Image submission:

_____ (mm-dd-yyyy) [7]

5. Location of injection site: [8]

- Right antecubital
- Right wrist
- Left antecubital
- Left wrist
- Right foot
- Left foot
- Other, specify:

_____ [9]

PET Data Acquisition and Pre-processing

(Patient's weight /height are measured on the day of imaging, not verbally relayed by the patient)

6. Patient voided immediately pre-imaging? [10]

- No (complete Q6a)
- Yes

6a. Was Foley catheter placed? [11]

- No
- Yes

7. Patient voided immediately post-imaging? [12]

- No (complete Q7a)
- Yes

7a. Was Foley catheter in place for scan? [13]

- No
- Yes

8. Duration of patient fasting pre-PET imaging [14]

_____ hours (recorded up to the time of FDG injection)

9. Blood glucose at start of PET imaging [15]

(record value measured before FDG injection)

_____ mg/dl

10. Patient weight (measured on day of scan) [16]

_____ kg

11. Patient height _____ cm [17]
(measured on the day of scan)

12. Any radiotracer infiltration at injection site noted? [18]

- None
- Minor (estimated to be less than 20% of dose)
- Severe (estimated to be more than 20% of dose)

15. Time of injection (military time) _____ : _____ [21]

15a. Full activity in syringe before injection

_____ mCi [60]

15b. Time of assay of full syringe before injection

(military time) _____ : _____ [61]

15c. Residual activity in syringe after injection

_____ mCi [62]

15d. Time of assay of full syringe after injection

(military time) _____ : _____ [63]

15e. Administered activity (net injected dose)

_____ mCi [64]



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16. Has a PET facility questionnaire been completed for this exam? [22]

- No
- Yes, provide date ____-____-____ (mm-dd-yyyy) [23]

17. Type of scanner used for this exam?

17a. Vendor _____ [24]

17b. Model name and/or number
_____ [25]

18. **Number of bed positions scanned** [26]

CT Information

19. Type of CT used for transmission Scan? [27]

- Diagnostic CT (complete Q19a-1)
- Low Dose CT (complete Q19a-2)
- Both (complete Q19a-1 and Q19a-2)

19a-1. Diagnostic CT

KVP [65]

mAs [66]

Slice thickness (mm) . [67]

Start time (military time) : [68]

End time (military time) : [69]

19a-2. Low Dose CT

KVP [70]

mAs [71]

Slice thickness (mm) . [72]

Start time (military time) : [73]

End time (military time) : [74]

19b. Oral contrast used? [31] [32]

- No
- Yes (define below)
 - "Positive" contrast agent
 - "Negative" contrast agent

19c. Name of Oral contrast used
_____ [33]

19d. Amount of Oral contrast ingested
 ml [34]

19e. Time Oral contrast ingested:
 : (military time) [35]

19f. IV contrast used? [36]

- No
- Yes

19g. Name of IV contrast used
_____ [37]

19h. Amount of IV contrast injected
 ml [38]

19i. Time IV contrast injected:
 : (military time) [39]

20. Emission scan

20a. **Minutes duration of emission scan per bed** [40]

20a-1. **Seconds duration of emission scan per bed** [75]

20b. : **start time (military time)** [41]

20c. : **finish time (military time)** [42]

21. Emission acquisition mode [43]

- 2D
- 3D

22. Pixel size of reconstructed images . mm [44]

23. Slice thickness of reconstructed images . mm [45]

24. Date of last scanner calibration:
____-____-____ (mm-dd-yyyy) [46]



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25. Daily scanner QC run on date of study? (check one) [47]

- No
- Yes

25a. Has the scanner used for this study been qualified by ACRIN? [58]

- No
- Yes, provide date: ____-____-____ (mm-dd-yyyy) [59]

F-18-FDG Procurement

26. F-18-FDG Source [48]

- Synthesized
- Purchased

If synthesized*, complete Q27a-c, if F-18-FDG is purchased**, complete 28.

27. *If F-18-FDG is synthesized, provide the following:

27a. Method: _____ [49]

27b. Pyrogen test result [50]

- Passed
- Failed
- Not done

27c. Radiochemical purity test result: [][][][] . [][][] % [51]

Not done [52]

28. **If F-18-FDG is purchased, provide the name of the pharmacy licensed to provide F-18-FDG

_____ [53]

COMMENTS: _____

_____ [54]

Signature of person responsible for the data [55]

Date form completed (mm-dd-yyyy) [56]

Signature of person entering data onto the web [57]



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Image transmission via internet:

1. FTP Transfer

Digitally generated image files in DICOM v3.0 and scanned film diagnostic images can be transmitted to the ACRIN Image Management Center (IMC) via FTP directly to the image archive. For the PET imaging, processes are in place to collect the vendor specific image files. For further assistance in utilizing the electronic image submission option or for questions regarding image transfer, contact Rex Welsh (rwelsh@phila.acr.org; 215-574-3215) or Anthony Levering (alevering@phila.acr.org; 215-574-3244).

2. Removal of Confidential Participant Information

If DICOM is being used, please note that the header record on DICOM formatted image data, which often contains information identifying the participant by name, MUST be scrubbed before the image is transferred. This involves replacing the Participant Name tag with the ACRIN Institution ID or number, replacing Participant ID stage with the ACRIN case number, and putting the study number into the Other Participant ID tag. This can be performed using a customized software program or using a program available from ACRIN. Contact Rex Welsh (rwelsh@phila.acr.org) or Anthony Levering (alevering@phila.acr.org).

3. PET Data Submission Instructions

<http://www.acrin.org/petcorelab.html>

4. CD Transfer

In the event that either DICOM capability or transfer of scrubbed image headers are not available, images may also be sent on a CD or other electronic medium for the ACRIN IMC to transfer to the image archive. Please contact ACRIN prior to sending the media to confirm compatibility, particularly before your first case (rwelsh@phila.acr.org).

5. Plain Film Images

Plain film images for the PET scans are not acceptable for this study. Plain film images for submission of other images (CT scans, radiotherapy simulation films and port films) are acceptable.