INSTITUTE OF PHYSICS AND ENGINEERING IN MEDICINE

Nuclear Medicine Software Working Party

<u>Quality Assurance of Analysis of DMSA Imaging</u>

RESULT FORM (Please use a separate form for each operator)

Name of Site: **Operator Identifier (e.g. 1,2, etc):**

<u>Computer System</u>

Manufacturer: **Make and Model of computer:**

Name and version of DMSA software:

<u>Details of analysis (Please tick appropriate box in each case)</u>

Software used:

Commercial ☐   **User written programme** ☐

User written protocol ☐   **Don't know** ☐

Images used for calculation of relative function:

Posterior only ☐   **Geometric mean** ☐

ROI: Please briefly describe method and <u>enclose a copy of the results presented to the radiologist/nuclear medicine consultant for reporting</u>

Is background subtraction used: Yes / No (Delete as applicable)

<u>Operator experience (Please tick appropriate box in each case)</u>

How long have you been routinely processing DMSA scans ?

< 6 months ☐   **6 months - 1 year** ☐   **> 1 year** ☐

How many DMSA scans do you process per month ?
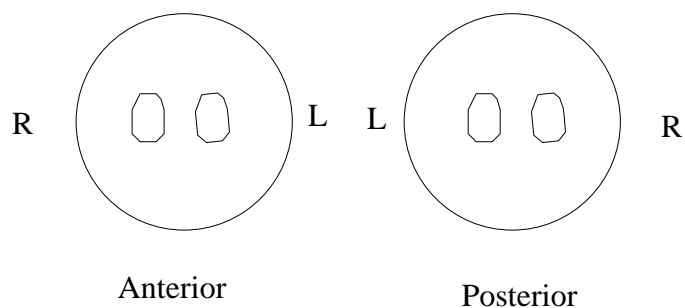
1-10 ☐   **11-30** ☐   **>30** ☐

DMSA Analysis Result Form contd

If the images have been transferred correctly they should be in the conventional orientation as shown below:

R (O O) L   L (O O) R

Anterior   Posterior

Patient No:	Percentage of Total Renal Function for **Right** Kidney	Comment on Analysis (if necessary)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please return this form to your Regional Audit Coordinator