

SFDA Certification Nuclear Medicine Facilities

**Executive Administration for
Radiological Health**

Medical Devices Sector



A. General Information about Health Facility

Name of Health Facility		<input type="text"/>	
Location (Province)		<input type="checkbox"/> Riyadh <input type="checkbox"/> Madinah <input type="checkbox"/> Tabuk <input type="checkbox"/> Qasim <input type="checkbox"/> Baha <input type="checkbox"/> Jouf <input type="checkbox"/> Eastern <input type="checkbox"/> Makkah <input type="checkbox"/> Najran <input type="checkbox"/> Jizan <input type="checkbox"/> Asir <input type="checkbox"/> Hail <input type="checkbox"/> Northern Border	
A.1	Type of Facility	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> MOH <input type="checkbox"/> KFSH&RC <input type="checkbox"/> University/college <input type="checkbox"/> MODA <input type="checkbox"/> NGHA <input type="checkbox"/> SFH <input type="checkbox"/> Private Sector Commercial Registration <input type="text"/> Expiry Date <input type="text"/> Provide a copy Commercial Registration <input type="checkbox"/> <input type="checkbox"/> Other (Please specify) <input type="text"/> <i>Note: (MOH=Ministry of Health, KFSH&RC =King Faisal Specialist Hospital and Research Centre, MODA=Ministry of Defense & Aviation, NGHA=National Guard Health Affairs, SFH=Security Forces Hospital)</i>	
A.2	Total Number of Beds	<input type="text"/>	
Address of Facility		City	<input type="text"/>
		Address	<input type="text"/>
Manager/Supervisor		Name	<input type="text"/>
		Job Title	<input type="text"/>
		Nationality	<input type="text"/>
		Contact Number	<input type="text"/>
		E-mail	<input type="text"/>
A.3	Does the facility obtain JCI or CBAHI accreditation?	<input type="checkbox"/> JCI <input type="checkbox"/> CBAHI <input type="text"/> / <input type="text"/> / <input type="text"/> If No, what are Radiation Protection and Safety Procedures that department followed? <input type="text"/>	
A.4	Type of Certification	Certification Name	<input type="text"/>
		Certification No.	<input type="text"/>
		Certification Date	<input type="text"/>

B. Staffing

B.1	<i>(Please indicate numbers)</i>	Total number of Staff
B.2	Responsible Doctor	<input type="checkbox"/> check if the contact person
	Name	
	Job Title	
	Nationality	
	Contact Number	
	E-mail	
B.2.1	Saudi Commission for Health Specialties Registration Info.	
	SCFHS Registration No.	
	Specialty	
	Category	
	SCFHS Expiry Date	
B.3	Radiation Safety Officer info.	<input type="checkbox"/> check if the contact person
	Name	
	Job Title	
	Nationality	
	ID Number	
	ID expiry date	
	Contact Number	
	E-mail	
B.3.1	Saudi Commission for Health Specialties Registration Info.	
	SCFHS Registration No.	
	Specialty	
	Category	
	SCFHS Expiry Date	
B.3.2	Radiation Safety Officer License Info (provide Copy of RSO practice license <input type="checkbox"/>)	
	Practice License Type	
	Practice License No.	
	Expiry Date	

B.4	Worker(s)	<input type="checkbox"/> check if the contact person
	Name	
	Job Title	
	Nationality	
	ID Number	
	Contact Number	
	E-mail	
B.4.1	Saudi Commission for Health Specialties Registration Info	
	SCFHS Registration No.	
	Specialty	
	Category	
	SCFHS Expiry Date	

B.4	Worker(s)	<input type="checkbox"/> check if the contact person
	Name	
	Job Title	
	Nationality	
	ID Number	
	Contact Number	
	E-mail	
B.4.2	Saudi Commission for Health Specialties Registration Info	
	SCFHS Registration No.	
	Specialty	
	Category	
	SCFHS Expiry Date	

B.4	Worker(s)	<input type="checkbox"/> check if the contact person
	Name	
	Job Title	
	Nationality	
	ID Number	
	Contact Number	
	E-mail	
B.4.3	Saudi Commission for Health Specialties Registration Info	
	SCFHS Registration No.	
	Specialty	
	Category	
	SCFHS Expiry Date	

C. Nuclear Medicine Devices

Gamma Camera & SPECT systems

Total number of Gamma Cameras available in the facility?		<input type="text"/>
C.1	Gamma Camera & SPECT Systems No.(1)	
C.1.1	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> ADAC <input type="checkbox"/> SMV <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Picker <input type="checkbox"/> Mediso <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>
C.1.2	Status of gamma camera	Was the gamma camera <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <input type="text"/> Date of installation <i>(Please indicate the year)</i> <input type="text"/> Number of heads <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Triple Shape of head <input type="checkbox"/> Circular <input type="checkbox"/> Rectangular Whole body capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT with Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Transmission Source <input type="checkbox"/> CT <input type="checkbox"/> ¹⁵³ Gd <input type="checkbox"/> Other <input type="text"/> Number of CT slices <i>(For SPECT C.T.)</i> <input type="checkbox"/> 64 <input type="checkbox"/> 32 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 2 Transmission Source geometry <input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Other <input type="text"/>

C.2	Gamma Camera & SPECT Systems No.(2)	
C.2.1	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> ADAC <input type="checkbox"/> SMV <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Picker <input type="checkbox"/> Mediso <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>
C.2.2	Status of gamma camera	Was the gamma camera <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> Date of installation <i>(Please indicate the year)</i> Number of heads <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Triple Shape of head <input type="checkbox"/> Circular <input type="checkbox"/> Rectangular Whole body capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT with Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Transmission Source <input type="checkbox"/> CT <input type="checkbox"/> ¹⁵³ Gd <input type="checkbox"/> Other Number of CT slices <i>(For SPECT only)</i> <input type="checkbox"/> 64 <input type="checkbox"/> 32 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 2 Transmission Source geometry <input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Other

<p>C.3</p> <p>C.3.1</p>	<p>Gamma Camera & SPECT Systems No.(3)</p> <p>Manufacturer & Model</p>	<p><input type="checkbox"/> GE <input type="checkbox"/> ADAC <input type="checkbox"/> SMV <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Picker <input type="checkbox"/> Mediso</p> <p><input type="checkbox"/> Other <i>(Please specify)</i></p> <p>Model <i>(Please indicate the model)</i></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>C.3.2</p>	<p>Status of gamma camera</p>	<p>Was the gamma camera <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished</p> <p>Year of manufacture <i>(Please indicate the year)</i> <input type="text"/></p> <p>Date of installation <i>(Please indicate the year)</i> <input type="text"/></p> <p><input type="text"/></p> <p>Number of heads <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Triple</p> <p>Shape of head <input type="checkbox"/> Circular <input type="checkbox"/> Rectangular</p> <p>Whole body capability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SPECT capability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SPECT with Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you use Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of Transmission Source <input type="checkbox"/> CT <input type="checkbox"/> ¹⁵³Gd <input type="checkbox"/> Other</p> <p><input type="text"/></p> <p>Number of CT slices <i>(For SPECT only)</i> <input type="checkbox"/> 64 <input type="checkbox"/> 32 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 2</p> <p>Transmission Source geometry <input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Other</p> <p><input type="text"/></p>

C.4	Gamma Camera & SPECT Systems No.(4)	
C.4.1	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> ADAC <input type="checkbox"/> SMV <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Picker <input type="checkbox"/> Mediso <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>
C.4.2	Status of gamma camera	Was the gamma camera <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> Date of installation <i>(Please indicate the year)</i> Number of heads <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Triple Shape of head <input type="checkbox"/> Circular <input type="checkbox"/> Rectangular Whole body capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT capability <input type="checkbox"/> Yes <input type="checkbox"/> No SPECT with Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use Attenuation Correction <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Transmission Source <input type="checkbox"/> CT <input type="checkbox"/> ¹⁵³ Gd <input type="checkbox"/> Other Number of CT slices <i>(For SPECT only)</i> <input type="checkbox"/> 64 <input type="checkbox"/> 32 <input type="checkbox"/> 16 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 2 Transmission Source geometry <input type="checkbox"/> Point <input type="checkbox"/> Line <input type="checkbox"/> Other

Positron Imaging System

Do you have a Positron Imaging System?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of Positron Imaging System available in the facility?		<input type="checkbox"/> 1 <input type="checkbox"/> 2
C.5	Positron Imaging (1)	
C.5.2	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Hitachi <input type="checkbox"/> Other (Please specify) Model (Please indicate the model)
C.5.3	Status of the system	Was the system (At the time of purchasing) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture (Please indicate the year) Date of installation (Please indicate the year) Conventional PET <input type="checkbox"/> Yes <input type="checkbox"/> No PET/CT <input type="checkbox"/> Yes <input type="checkbox"/> No PET with transmission source <input type="checkbox"/> Yes <input type="checkbox"/> No Type of transmission source <input type="checkbox"/> ⁶⁸ Ge/ ⁶⁸ Ga <input type="checkbox"/> ¹³⁷ Cs <input type="checkbox"/> Other
C.6	Positron Imaging (2)	
C.6.2	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> Siemens <input type="checkbox"/> Philips <input type="checkbox"/> Hitachi <input type="checkbox"/> Other (Please specify) Model (Please indicate the model)
C.6.3	Status of the system	Was the system (At the time of purchasing) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture (Please indicate the year) Date of installation (Please indicate the year) Conventional PET <input type="checkbox"/> Yes <input type="checkbox"/> No PET/CT <input type="checkbox"/> Yes <input type="checkbox"/> No PET with transmission source <input type="checkbox"/> Yes <input type="checkbox"/> No Type of transmission source <input type="checkbox"/> ⁶⁸ Ge/ ⁶⁸ Ga <input type="checkbox"/> ¹³⁷ Cs <input type="checkbox"/> Other

Dose Calibrator

Total number of Dose Calibrator available in facility?		<input type="text"/>
C.7	<i>Dose Calibrator (1)</i>	
C.7.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex (AtomLab) <input type="checkbox"/> Victoreen <input type="checkbox"/> Veenstra Instruments <input type="checkbox"/> Siemens <input type="checkbox"/> Veccsa <input type="checkbox"/> Alfanuclear <input type="checkbox"/> Other <i>(Please specify)</i> <input type="text"/> Model <i>(Please indicate the model)</i> <input type="text"/>
C.7.2	Status of Dose Calibrator	Was the dose calibrator <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> <input type="text"/> Date of installation <i>(Please indicate the year)</i> <input type="text"/> Connected to a computer <input type="checkbox"/> Last Date of calibration <i>(Please indicate the year)</i> <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

C.8	<i>Dose Calibrator (2)</i>	
C.8.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex (AtomLab) <input type="checkbox"/> Victoreen <input type="checkbox"/> Veenstra Instruments <input type="checkbox"/> Siemens <input type="checkbox"/> Veccsa <input type="checkbox"/> Alfanuclear <input type="checkbox"/> Other <i>(Please specify)</i> <input type="text"/> Model <i>(Please indicate the model)</i> <input type="text"/>
C.8.2	Status of Dose Calibrator	Was the dose calibrator <i>(At time of purchasing)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> <input type="text"/> Date of installation <i>(Please indicate the year)</i> <input type="text"/> Connected to a computer <input type="checkbox"/> Last Date of calibration <i>(Please indicate the year)</i> <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

C.9		Dose Calibrator (3)	
C.9.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex (AtomLab) <input type="checkbox"/> Victoreen <input type="checkbox"/> Veenstra Instruments <input type="checkbox"/> Siemens <input type="checkbox"/> Veccsa <input type="checkbox"/> Alfanuclear <input type="checkbox"/> Other (Please specify) <input type="text"/> Model (Please indicate the model) <input type="text"/>	<input type="text"/> <input type="text"/>
C.9.2	Status of Dose Calibrator	Was the dose calibrator (At time of purchasing) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture (Please indicate the year) <input type="text"/> Date of installation (Please indicate the year) <input type="text"/> Connected to a computer <input type="checkbox"/> Last Date of calibration (Please indicate the year) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

Well Counter

Do you have Well counter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of Well Counter available in the facility?		<input type="checkbox"/> 1 <input type="checkbox"/> 2
C.10		Well Counter (1)
C.10.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex <input type="checkbox"/> Nucleus <input type="checkbox"/> LKB Wallac <input type="checkbox"/> Other (Please specify) <input type="text"/> Model (Please indicate the model) <input type="text"/>
C.10.2	Status of Well Counter	Is the well counter (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture (Please indicate the year) <input type="text"/> Date of installation (Please indicate the year) <input type="text"/> Connected to a computer <input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No

C.11		Well Counter (2)	
C.11.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex <input type="checkbox"/> Nucleus <input type="checkbox"/> LKB Wallac <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C.11.2	Status of Well Counter	Is the well counter <i>(At Acquisition)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> Date of installation <i>(Please indicate the year)</i> Connected to a computer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No

Thyroid Uptake Systems

Do you have Thyroid uptake system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of Thyroid Uptake Systems available in the facility?		<input type="checkbox"/> 1 <input type="checkbox"/> 2
C.12		Thyroid Uptake (1)
C.12.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex <input type="checkbox"/> Nucleus <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>
C.12.2	Status of Thyroid Uptake System	Is the Uptake system <i>(At Acquisition)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture <i>(Please indicate the year)</i> Date of installation <i>(Please indicate the year)</i> Connected to a computer
		<input type="checkbox"/> Yes <input type="checkbox"/> No

C.13		Thyroid Uptake (2)	
C.13.1	Manufacturer & Model	<input type="checkbox"/> Capintec <input type="checkbox"/> Biodex <input type="checkbox"/> Nucleus <input type="checkbox"/> Other (Please specify) Model (Please indicate the model)	<input type="text"/> <input type="text"/> <input type="text"/>
C.13.2	Status of Thyroid Uptake System	Is the Uptake system (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year of manufacture (Please indicate the year) Date of installation (Please indicate the year) Connected to a computer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No

Bone Densitometer (BMD)

Total number of Bone densitometer system available in the facility?		<input type="text"/>
Do you have Bone densitometer system in the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Where do you install the Bone densitometer system?		<input type="checkbox"/> Nuclear Medicine Unit <input type="checkbox"/> Radiology Department <input type="checkbox"/> Other (Please specify) <input type="text"/>
C.14		
Bone Densitometer (1)		
C.14.1	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> Hologic <input type="checkbox"/> Norland Excell <input type="checkbox"/> Schick Technologies <input type="checkbox"/> Other (Please specify) Model (Please indicate the model)
C.14.2	Status of Bone Densitometer	Type <input type="checkbox"/> Fan-beam <input type="checkbox"/> Pencil-beam Is Bone Densitometer (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured (Please indicate the year) Date of installed (Please indicate the year)

C.15		Bone Densitometer (2)	
C.15.1	Manufacturer & Model	<input type="checkbox"/> GE <input type="checkbox"/> Hologic <input type="checkbox"/> Norland Excell <input type="checkbox"/> Schick Technologies <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
C.15.2	Status of Bone Densitometer	Type <input type="checkbox"/> Fan-beam <input type="checkbox"/> Pencil-beam Is Bone Densitometer <i>(At Acquisition)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured <i>(Please indicate the year)</i> Date of installed <i>(Please indicate the year)</i>	<input type="text"/> <input type="text"/> <input type="text"/>

Portable Survey Meters

Do you have Portable Survey meters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of Survey Meters available in the facility?		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
C.16		Survey meter (1)	
C.16.1	Manufacturer & Model	<input type="checkbox"/> Biodex <input type="checkbox"/> Victoreen <input type="checkbox"/> Herfurth <input type="checkbox"/> Ludlum <input type="checkbox"/> Bicron <input type="checkbox"/> Elberline <input type="checkbox"/> Berthold <input type="checkbox"/> Umo <input type="checkbox"/> Technical Associates <input type="checkbox"/> Other <i>(Please specify)</i> Model <i>(Please indicate the model)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
C.16.2	Status of survey meter	Type <input type="checkbox"/> Ionization chamber <input type="checkbox"/> GM detector Is the Survey meter <i>(At Acquisition)</i> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured <i>(Please indicate the year)</i> Date of installed <i>(Please indicate the year)</i> Last Date of calibration <i>(Please indicate the year)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C.17		Survey meter (2)	
C.17.1	Manufacturer & Model	<input type="checkbox"/> Biodex <input type="checkbox"/> Victoreen <input type="checkbox"/> Herfurth <input type="checkbox"/> Ludlum <input type="checkbox"/> Bicron <input type="checkbox"/> Elberline <input type="checkbox"/> Berthold <input type="checkbox"/> Umo <input type="checkbox"/> Technical Associates <input type="checkbox"/> Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/>
C.17.2	Status of Survey meter	Type <input type="checkbox"/> Ionization chamber <input type="checkbox"/> GM detector Is the Survey meter (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured (Please indicate the year) Date of installed (Please indicate the year) Last Date of calibration (Please indicate the year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C.18		Survey meter (3)	
C.18.1	Manufacturer & Model	<input type="checkbox"/> Biodex <input type="checkbox"/> Victoreen <input type="checkbox"/> Herfurth <input type="checkbox"/> Ludlum <input type="checkbox"/> Bicron <input type="checkbox"/> Elberline <input type="checkbox"/> Berthold <input type="checkbox"/> Umo <input type="checkbox"/> Technical Associates <input type="checkbox"/> Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/>
C.18.2	Status of Survey meter	Type <input type="checkbox"/> Ionization chamber <input type="checkbox"/> GM detector Is the Survey meter (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured (Please indicate the year) Date of installed (Please indicate the year) Last Date of calibration (Please indicate the year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C.19	Survey meter (4)		
C.19.1	Manufacturer & Model	<input type="checkbox"/> Biodex <input type="checkbox"/> Victoreen <input type="checkbox"/> Herfurth <input type="checkbox"/> Ludlum <input type="checkbox"/> Bicron <input type="checkbox"/> Elberline <input type="checkbox"/> Berthold <input type="checkbox"/> Umo <input type="checkbox"/> Technical Associates <input type="checkbox"/> Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/>
		Model (Please indicate the model)	(Please indicate)
C.19.2	Status of Survey meter	Type <input type="checkbox"/> Ionization chamber <input type="checkbox"/> GM detector Is the Survey meter (At Acquisition) <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refurbished Year manufactured (Please indicate the year) Date of installed (Please indicate the year) Last Date of calibration (Please indicate the year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

D. Quality Assurance Programme

D.1	Do you have a written quality assurance programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>your programme covers:</i>	
D.2	Written manual/procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.3	Quality Control of radiopharmaceuticals	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.4	Quality Control of radionuclide generator	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.5	Protocol for radioactive waste management	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.6	Maintenance procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Quality control of device

E.1	Did you perform the Acceptance Test of the device(s) at the time of installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.2	If yes, Who performed the acceptance test?	<input type="checkbox"/> Representative from the Vendor <input type="checkbox"/> In-house Medical Physicist <input type="checkbox"/> In-house Biomedical Engineer <input type="checkbox"/> Third Party <input type="checkbox"/> Other <input type="text"/>
E.3	Who is responsible for maintenance of the device(s)	<input type="checkbox"/> Within the facility (Biomedical Engineer) <input type="checkbox"/> Outside the facility (e.g. Vendor) <input type="checkbox"/> Outside the facility (Maintenance Company)

E.4	How often is Preventive Maintenance conducted on your device?	<input type="checkbox"/> Monthly <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Annually
E.5	Quality Control test (<i>Gamma Camera & SPECT system</i>) <i>(Is the following quality control test performed for each gamma camera)</i> <i>Indicate the frequency, D=daily, W=Weekly, M=Monthly, 3M=Quarterly, Y=Annually</i>	
E.5.1	<i>Room Background</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.2	<i>Energy window setting (i.e. ^{99m}Tc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.3	<i>Intrinsic & Extrinsic Uniformity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.4	<i>Intrinsic & Extrinsic Spatial Resolution</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.5	<i>Intrinsic Energy Resolution</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.6	<i>System Plane Sensitivity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.7	<i>Intrinsic or Extrinsic Count Rate Performance</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.8	<i>Spatial Linearity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.9	<i>Multiple Window Spatial Registration</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.10	<i>Centre of Rotation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.11	<i>Tomo. Resolution (Air or + Scatter)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.12	<i>Total Tomo. Evaluation Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.13	<i>Pixel Calibration</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.14	<i>Shield Leakage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.5.15	<i>Other (Please specify)</i> (.....)	<input type="checkbox"/> Yes <input type="checkbox"/> No frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>

E.6		Quality Control test (<i>Dose calibrator</i>)		
E.6.1	<i>Precision Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other
E.6.2	<i>Accuracy Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other
E.6.3	<i>Linearity Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other
E.6.4	<i>Geometry Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other
E.6.5	<i>Constancy Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other
E.6.6	<i>Other (Please specify)(.....)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At installation <input type="checkbox"/> After repair <input type="checkbox"/> Other

E.7		Quality Control test (<i>Positron Imaging System</i>)		
E.7.1	<i>Normalization</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.2	<i>Blank scan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.3	<i>Cross calibration</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.4	<i>Daily Quality assurance</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.5	<i>Noise equivalent count rate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.6	<i>Spatial Resolution</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.7	<i>Sensitivity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.8	<i>Accuracy(correction for count lose & random)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.9	<i>Image Quality</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other
E.7.10	<i>Other (Please specify)(.....)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency	<input type="checkbox"/> At acceptance <input type="checkbox"/> Other

E.8	Quality Control test (Thyroid Uptake system)		
E.8.1	Energy calibration	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.8.2	Resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.8.3	Chi-squared	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.8.4	Constancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.8.5	Other (Please specify)(.....)	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>

E.9	Quality Control test (Bone Densitometer)		
E.9.1	Reproducibility & stability	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.9.2	Spine phantom	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>
E.9.3	Other (Please specify)(.....)	<input type="checkbox"/> Yes <input type="checkbox"/> No	frequency <input type="checkbox"/> At acceptance <input type="checkbox"/> Other <input type="text"/>

G. Radiation Monitoring (Personnel Dosimetry)

G.1	Personnel dosimeters available at facility	<input type="checkbox"/> TLD (Thermoluminescent Dosimeter) <input type="checkbox"/> Film Badge <input type="checkbox"/> Direct Reading Dosimeter <input type="checkbox"/> Other (Please specify) <input type="text"/>
G.2	Type of dosimeters	<input type="checkbox"/> Whole Body <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Other (Please specify) <input type="text"/>
G.3	Where do you read the TLD (or Film Badge)?	<input type="checkbox"/> Inside facility <input type="checkbox"/> Outside facility
G.4	Does the service provider of TLD reading licensed by SFDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Procedure	Radiopharmaceutical	Adult Dose MBq	Pediatric Dose MBq	Calculation Methods	Critical organ
<i>Bone scan</i>					
<i>White Blood Cell</i>					
<i>Renal scan</i>					
<i>Renal scan</i>					
<i>Milk/Ge reflux</i>					
<i>Hepatobiliary scan</i>					
<i>Lymph scan</i>					
<i>Sentinel node</i>					
<i>GI bleed scan</i>					
<i>Octreotide scan</i>					
<i>Lung Mapping</i>					
<i>Lung Ventilation</i>					
<i>Lung perfusion</i>					
<i>Stress cardiac</i>					
<i>Stress cardiac</i>					
<i>Rest cardiac</i>					
<i>Rest cardiac</i>					
<i>RNA</i>					
<i>Thyroid uptake</i>					
<i>Thyroid uptake</i>					
<i>Thyroid uptake</i>					
<i>Parathyroid Scan</i>					
<i>I-123 WBS</i>					
<i>I-131 WBS</i>					
<i>Joint Therapy</i>					
<i>Thera sphere Therapy</i>					
<i>Lu-177 Therapy</i>					
<i>I-131 Therapy</i>					
<i>I-131 Therapy</i>					

H. More information Nuclear Medicine Unit

Please write more about the following if applicable

H.1	The capacity of the NM unit, How many patients do they see annually?	<input type="text"/>
H.2	Do you provide therapeutic service?	<input type="checkbox"/> room specification <input type="checkbox"/> records of the doses <input type="checkbox"/> the patients discharge dose
H.3	Waste room?	<input type="checkbox"/> specification <input type="checkbox"/> shielded <input type="checkbox"/> location <input type="checkbox"/> accessibility and monitoring <input type="checkbox"/> location
H.4	Hot lab?	<input type="checkbox"/> location <input type="checkbox"/> capacity <input type="checkbox"/> contamination kits <input type="checkbox"/> shielding and storage of radioactive material
H.5	Accessibility to the unit? Entry and exit of the radio-pharmaceuticals?	<input type="checkbox"/> location
H.6	Patients' injection room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H.7	Patients' waiting room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H.8	RADIOACTIVE SOURCES <i>(used within the facility)</i>	
	Radionuclide:	<input type="text"/>
	Radiation Activity:	<input type="text"/>
	Intend of use <i>(type of examination and relevant devices):</i>	<input type="text"/>
	Purpose of use: <i>(Diagnostic, therapeutic or calibration)</i>	<input type="text"/>
	Quantity <i>(used by the facility within one year)</i>	<input type="text"/>
	Is there a solid waste require exporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Filled by:.....	Signature
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