

This is not the data collection form. Rather, it contains the information you will be asked to complete the online site report form.

Modalities

* For which modality/modalities are you reporting patient-level data for this institution? *Please select one or both.*

□ Nuclear Cardiology

□ Cardiac CT

* How many patients would you like to register?

Institutional Characteristics

Number of beds (if hospital)

Institution's Procedure Numbers During Selected Week

In this section please provide counts of all imaging studies in the specified categories performed for clinical purposes and completed during one specific week of your choice (Monday-Sunday) between October 15, 2023 and November 11, 2023. The same week should be used for this section, for Nuclear Cardiology studies, and for Cardiac CT studies in the following sections - this will be referred to as the <u>selected week</u>.

- All data entered should be recorded retrospectively for the selected week.
 - Only include studies completed during the <u>selected week</u>.
 - For example, if a two-day stress-rest SPECT myocardial perfusion imaging study is begun on Friday of the previous week and completed on Monday of the <u>selected week</u>, then it should be included, however if it is begun on Friday of the <u>selected week</u> but completed on Monday of the week following the <u>selected week</u>, then it should not be included.
 - Only include studies in which patients were imaged at your facility. Exclude studies read at your facility but performed elsewhere. However, include studies performed at your facility but read elsewhere.
 - Exclude studies performed exclusively for research.
 - If both stress echocardiography and a baseline (rest) echocardiogram are performed, count these as separate studies; similarly for cardiac magnetic resonance.
 Is test performed Number of procedures performed during

	at this site?	selected week
* Echocardiography without Stress Testing	□ Yes □ No	
* Stress Echocardiography	🗆 Yes 🗆 No	
* Cardiac Magnetic Resonance without Stress Testing	□ Yes □ No	
* Stress Cardiac Magnetic Resonance	🗆 Yes 🗆 No	
* Stress SPECT Myocardial Perfusion Imaging	🗆 Yes 🗆 No	
* SPECT Myocardial Perfusion Imaging for Viability	🗆 Yes 🗆 No	
* SPECT Myocardial Blood Flow Reserve (with CZT camera)	🗆 Yes 🗆 No	
* Stress PET Myocardial Perfusion Imaging	🗆 Yes 🗆 No	
* PET Myocardial Perfusion Imaging for Viability	🗆 Yes 🗆 No	
* PET Myocardial Blood Flow Reserve	🗆 Yes 🗆 No	
* Nuclear Ventriculography (MUGA, RVG, etc.)	🗆 Yes 🗆 No	
* Amyloidosis (PYP, DPD, HMDP, etc.)	🗆 Yes 🗆 No	
* Exercise ECG (Treadmill, no imaging)	🗆 Yes 🗆 No	
* Exercise ECG (Bicycle, no imaging)	🗆 Yes 🗆 No	
* CT Coronary Artery Calcium Scoring Alone	🗆 Yes 🗆 No	
* CT Coronary Angiography without Calcium Scoring	🗆 Yes 🗆 No	
* CT Coronary Angiography with Calcium Scoring	🗆 Yes 🗆 No	
* CT Fractional Flow Reserve	🗆 Yes 🗆 No	
* CT Quantitative Plaque Analysis	🗆 Yes 🗆 No	
* CT Perfusion	🗆 Yes 🗆 No	
* CT Structural (for valve repair/replacement, left atrial appendage, ablation, or other intervention)	□ Yes □ No	
* Invasive Coronary Angiography (in cath lab)	🗆 Yes 🗆 No	
* Invasive Physiology (in cath lab, e.g. FFR, iFR)	🗆 Yes 🗆 No	
* Invasive Imaging (in cath lab, e.g. IVUS, OCT)	🗆 Yes 🗆 No	
Procedure Number Comments		

Patient Data: Nuclear Cardiology

(Information to be collected for each patient scanned during the selected week)

Please select units of data input for the form below	W
* Weight	🗆 kg 🗆 lb
* Height	□ cm □ inches
* Activity	🗆 MBq 🗆 mCi
Activity Measurement	Calibrated activity in syringe prior to injection;
	Calibrated activity prior to injection minus residual activity in syringe after injection

Patient Data

Linit Selection

In this section please include all nuclear (SPECT, PET, or planar) myocardial perfusion imaging studies performed for clinical purposes completed during the selected week (Monday-Sunday) between October 15, 2023 and November 11, 2023.

- Include nuclear stress tests, viability studies, and rest myocardial perfusion imaging.
- Do not include radionuclide ventriculography (MUGA) studies, or amyloid (PYP, DPD, HMDP) studies.
- All data entered should be recorded retrospectively for the selected week.
- Only include studies completed during the <u>selected week</u>; for example if a two-day stress-rest SPECT myocardial
 perfusion imaging study is begun on Friday of the previous week and completed on Monday of the <u>selected week</u>, then it
 should be included, however if it is begun on Friday of the selected week but completed on Monday of the week following
 the <u>selected week</u>, then it should not be included.
- Only include studies in which patients were imaged at your facility, excluding studies read at your facility but performed elsewhere. However, include studies performed at your facility but read elsewhere. For studies read at your facility but performed at a different facility, we encourage completing a separate document for the other facility.
- For patients aged 90+, please specify age as 90, in accordance with the HIPAA privacy law standard.

Patient Characteristics

- * Age
- * Sex
- * Weight
- * Height
- * Known coronary artery disease (CAD)
- * Prior myocardial infarction
- * History of percutaneous coronary intervention (PCI)
- Prior coronary artery bypass surgery (CABG)
- * Main reason patient underwent nuclear

cardiology scan

- * Patient location
- **Scanning and Camera Details**
- * Camera
- * Patient Position
- * Attenuation correction

DLP for CT Attenuation Correction (mGy*cm)

* Software

First Injection

* Day of injection

* Activity

* Radiopharmaceutical

* Rest or Stress for 1st injection

Second Injection

Day of injection

	Male Female Other		
D)	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)		
	Yes I No Do not know (please, ask colleague if you're not sure)		
tervention	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)		
y (CABG)	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)		
ear	□ Acute symptoms; □ Stable/chronic symptoms;		
	Asymptomatic; Other/unknown		
	□ Inpatient; □ Outpatient; □ Emergency department; □ Observation unit;		
$\mathbf{\mathbf{\nabla}}$	🗆 2-Head SPECT Gamma Camera; 🗆 Single-Head SPECT Gamma Camera;		
	🗆 3-Head SPECT Gamma Camera; 🗆 Dedicated Cardiac CZT Camera (e.g.		
	D-SPECT, 530c); 🗆 All-purpose CZT SPECT/CT Camera (e.g. Veriton,		
	StarGuide); Planar Imaging Only (No SPECT performed); PET		
	□ Supine; □ Prone; □ Upright; □ Semi-Upright; □ Supine+Prone; □		
	Supine+Upright; 🗆 Upright+Semi-Upright; 🗆 Supine+Semi-Upright		
	□ None; □ CT (Single Slice); □ CT (Multislice, free-breathing); □ CT		
	(Multiscale, breath-hold); Transmission; MRI; Artificial Intelligence		
	Based		
nGy*cm)			
	□ Siemens IQ SPECT; □ Philips Astonish; □ GE Evolution; □ Siemens		
	Flash3D/CardioFlash; □ UltraSpect WBR Wide Beam Recon; □ Other (please specify):		
	□ Monday; □ Tuesday; □ Wednesday; □ Thursday; □ Friday; □ Saturday;		

□ Sunday; □ Monday (Previous Week); □ Tuesday (Previous Week);

- □ Wednesday (Previous Week); □ Thursday (Previous Week);
- □ Friday (Previous Week); □ Saturday (Previous Week);

□ Sunday (Previous Week); □ Prior to Previous Week

□ Tc-99m sestamibi(Cardiolite); □ Tc-99m tetrofosmin (Myoview); □ TI-201; □ Rb-82; □ N-13 ammonia; □ O-15 water; □ F-18 FDG

□ Rest; □ Stress

□ Monday; □ Tuesday; □ Wednesday; □ Thursday; □ Friday; □ Saturday; □ Sunday; □ Monday (Previous Week); □ Tuesday (Previous Week);

Activity Radiopharmaceutical

Rest or Stress for 2nd injection **Third Injection** Day of injection

Activity Radiopharmaceutical

Rest or Stress for 3d injection Fourth Injection Day of injection

Activity Radiopharmaceutical

Rest or Stress for 4th injection

□ Wednesday (Previous Week); □ Thursday (Previous Week);
 □ Friday (Previous Week); □ Saturday (Previous Week);
 □ Sunday (Previous Week); □ Prior to Previous Week

□ Tc-99m sestamibi (Cardiolite); □ Tc-99m tetrofosmin (Myoview); □ TI-201; □ Rb-82; □ N-13 ammonia; □ O-15 water; □ F-18 FDG □ Rest; □ Stress

□ Monday; □ Tuesday; □ Wednesday; □ Thursday; □ Friday; □ Saturday; □ Sunday; □ Monday (Previous Week); □ Tuesday (Previous Week); □ Wednesday (Previous Week); □ Thursday (Previous Week); □ Friday (Previous Week); □ Saturday (Previous Week); □ Sunday (Previous Week); □ Prior to Previous Week

□ Tc-99m sestamibi (Cardiolite); □ Tc-99m tetrofosmin (Myoview); □ TI-201; □ Rb-82; □ N-13 ammonia; □ O-15 water; □ F-18 FDG □ Rest; □ Stress

□ Monday; □ Tuesday; □ Wednesday; □ Thursday; □ Friday; □ Saturday; □ Sunday; □ Monday (Previous Week); □ Tuesday (Previous Week); □ Wednesday (Previous Week); □ Thursday (Previous Week); □ Friday (Previous Week); □ Saturday (Previous Week); □ Sunday (Previous Week); □ Prior to Previous Week

□ Tc-99m sestamibi (Cardiolite); □ Tc-99m tetrofosmin (Myoview); □ TI-201; □ Rb-82; □ N-13 ammonia; □ O-15 water; □ F-18 FDG

□ Rest; □ Stress

Patient Data: Cardiac CT

(Information to be collected for each patient scanned during the selected week)

Unit Selection		
Please select units of data input for the form below		
* Weight		
* Height		
* X-ray tube current units	mA mAs mAs/slice effective mAs	
Patient Data	CT and Coronary Artery Calcium Scoring studies performed for clinical purposes	
performed during one selected week (Monday-Su	nday) between October 15, 2023 and November 11, 2023 as specified.	
 Include coronary artery bypass graft studies, coronary studies also imaging the thoracic aorta, and "triple rule out" studies. Do not include structural studies such as pre-TAVR evaluation, left atrial appendage, and pulmonary vein assessment. In general, do not include congenital heart disease studies, unless they are performed specifically for coronary evaluation, 		
i.e. to assess known or suspected anomalous coronary arteries.		
 For medications, please specify medications received including patient's own medications as well as those given specifically for heart rate control for the test. 		
 All data entered should be recorded retro 		
 Only include studies in which patients were imaged at your facility, excluding studies read at your facility but performed elsewhere. 		
 However, include studies performed at your facility but read elsewhere. For studies read at your facility but performed at a different facility, we encourage completing a separate document for the other facility. 		
 For patients aged 90+, please specify ag Patient Characteristics 	e as 90, in accordance with the HIPAA privacy law standard.	
* Day	□ Monday; □ Tuesday; □ Wednesday; □ Thursday; □ Friday;	
	□ Saturday; □ Sunday; □ Wednesday, □ Thursday, □ Friday, □	
* Age		
* Sex		
* Weight * Height		
* Known coronary artery disease (CAD)	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Prior myocardial infarction	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* History of percutaneous coronary intervention	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
(PCI)		
* Prior coronary artery bypass surgery (CABG)	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Main reason patient underwent coronary CT	□ Acute symptoms; □ Stable/chronic symptoms; □ Asymptomatic;	
scan	Other/unknown	
* Patient location	□ Inpatient; □ Outpatient; □ Emergency department; □ Observation unit	
Scan Information		
* Beta Blocker – Oral	Yes Do not know (please, ask colleague if you're not sure)	
* Beta Blocker – Intravenous	Yes Do not know (please, ask colleague if you're not sure)	
* Other Heart Rate Control Agent	Yes Do not know (please, ask colleague if you're not sure)	
* Nitroglycerin * Breast Shielding	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Breast Retraction	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Heart rate at time of scan (beats per minute)	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Atrial fibrillation at time of scan	□ Yes □ No □ Do not know (please, ask colleague if you're not sure)	
* Scanner	□ Canon/Toshiba <4 cm; □ Canon/Toshiba 4 cm; □ Canon/Toshiba 8 cm;	
	\Box Canon/Toshiba 16 cm Aquilion ONE; \Box GE <4 cm; \Box GE 4 cm; \Box GE 8 cm;	
	□ GE 16 Revolution CT; □ GE Arineta CardioGraphe; □ Hitachi/Fujifilm;	
	\square Phillips <4 cm; \square Philips 4 cm; \square Philips 8 cm iCT; \square Philips IQon Spectral;	
	□ Siemens single source <4 cm; □ Siemens single source 4 cm; □ Siemens	
	dual source 2 cm; ☐ Siemens dual source 4 cm (e.g. Flash); ☐ Siemens dual	
	source >4 cm (e.g. Force); □ Siemens photon counting; □ United Imaging <4	
	cm; \Box United Imaging 4-8 cm; \Box United Imaging 16 cm; \Box Electron beam CT;	
	□ Hybrid SPECT/CT; □ Hybrid PET/CT; □ Other (please specify):	
* What agong wars parformed?		
* What scans were performed?	□ Calcium Score; □ Repeat Calcium Score; □ Coronary CT Angiogram;	
The following 4 sections will become available	□ Repeat Coronary CT Angiogram to you based on your answer to "What scans were performed?". Depending	
on the options, which have been checked, you		
Calcium Score		
* X-ray tube potential/voltage (k\/p)		

- * X-ray tube potential/voltage (kVp)
- * X-ray tube current
- * Anatomic current modulation

□ 60; □ 70; □ 80; □ 90; □ 100; □ 110; □ 120; □ 130; □ 135; □ 140; □ 150

□ Yes □ No □ Do not know

* Scan mode

* Iterative or Artificial Intelligence-based reconstruction CTDIvol (mGy)

* DLP (mGy*cm)

Repeat Calcium Score

- * X-ray tube potential/voltage (kVp)
- * X-ray tube current
- * Anatomic current modulation
- * Scan mode
- * Iterative reconstruction
- CTDIvol (mGy)
- * DLP (mGy*cm)

Coronary CT Angiogram

- * X-ray tube potential/voltage (kVp)
- * X-ray tube current
- * Anatomic current modulation
- * Scan mode
- * Iterative reconstruction
- CTDIvol (mGy)
- * DLP (mGy*cm)

Repeat Coronary CT Angiogram

- * X-ray tube potential/voltage (kVp)
- * X-ray tube current
- * Anatomic current modulation
- * Scan mode

* Iterative reconstruction

CTDIvol (mGy)

* DLP (mGy*cm)

Total Study Radiation Dose

* Total study DLP (including all series such as scout imaging, timing bolus, calcium score, coronary CTA etc.)

 □ retrospective helical; □ retrospective helical with ECG tube current modulation; □ prospective helical; □ prospective axial with padding;
 □ prospective axial without padding; □ high-pitch prospective helical (Flash mode); □ stationary wide volume with padding;
 □ stationary wide volume without padding

□ Yes □ No □ Do not know

□ 60; □ 70; □ 80; □ 90; □ 100; □ 110; □ 120; □ 130; □ 135; □ 140; □ 150

□ Yes □ No □ Do not know

□ retrospective helical; □ retrospective helical with ECG tube current modulation; □ prospective helical; □ prospective axial with padding; □ prospective axial without padding; □ high-pitch prospective helical (Flash mode); □ stationary wide volume with padding;

stationary wide volume without padding

 \Box Yes \Box No \Box Do not know

□ 60; □ 70; □ 80; □ 90; □ 100; □ 110; □ 120; □ 135; □ 140; □ 150

□ Yes □ No □ Do not know

□ retrospective helical; □ retrospective helical with ECG tube current modulation; □ prospective helical; □ prospective axial with padding; □ prospective axial without padding; □ high-pitch prospective helical (Flash mode); □ stationary wide volume with padding; □ stationary wide volume without padding

□ Yes □ No □ Do not know

□ 60; □ 70; □ 80; □ 90; □ 100; □ 110; □ 120; □ 130; □ 135; □ 140; □ 150

□ Yes □ No □ Do not know

□ retrospective helical; □ retrospective helical with ECG tube current modulation; □ prospective helical; □ prospective axial with padding;
 □ prospective axial without padding; □ high-pitch prospective helical (Flash mode); □ stationary wide volume with padding; □ stationary wide volume without padding

□ Yes □ No □ Do not know