

Facility: _____ Date: _____

WORKSHEET FOR DOSE ESTIMATES – CT (CONTINUED):

SECTION C: TECHNICAL DETAILS:

Exam #1

CT exam of _____ (e.g., abdomen + pelvis; pelvis; abdomen; head; etc.)

Repeated with contrast: _____ NO _____ YES (add the details of the exam # 2 on a separate sheet)

Axial or Spiral _____

kVp _____

mA _____ time per rotation _____ (e.g., 0.8 sec) **OR** mAs per rotation _____ (e.g., Siemens)

Number of Data Channels _____ **X** Detector Collimation _____
(e.g., 64 x 0.625 or 32 x 1.25 or 16 x 1.25 or 8 x 2.5 or 32 x 0.5 or 4 x 2.5 or etc.) .

Note: The above collimation configuration is needed. This is NOT the reconstructed slice thickness (e.g., 5 mm slice). Be aware that you cannot read the collimation configuration from the images. You need to identify the coll. configuration from the actual technique (not the localizer). If you are unable to provide the collimation configuration please give the total beam coverage per rotation (total collimation) as requested below:

Total beam coverage per rotation: _____ (e.g., 10 mm, 20 mm, 40 mm per rotation)

If available: CTDI_w or CTDI_{vol} indicated on the panel (technique) _____ (mGy);

Table increment per rot (axial) _____ (mm) or Table speed per rot (spiral) _____ (mm/rot)

Scan Pitch (for spiral only) _____ (e.g., 1.375, or 1.2, or 1.35, or 0.9 etc.)

Table position at start _____ (e.g., S 24)

Table position at stop _____ (e.g., I 450)

If uterus in scan volume:

Table position at top of uterus _____

Table position at bottom of uterus _____

Comments _____

Signature of person completing this form: _____

Note: Insert additional sheets for other examinations.