



**Australasian
Radiopharmaceutical
Trials
network**

**ARTnet PET/CT &
SPECT/CT Camera
Validation Program-
Request Form**

Please complete the information requested in this form and email to **ANZSNM Secretariat** projectmanager@artnet.org.au

Date of Request:	
Site Name:	
Site Contact:	
Contact email address:	
Contact phone number:	
Email address for invoicing:	
Is a PO required to be included on the invoice	Yes No
Street Address (for courier):	
Closing time of premises (for courier):	
Type of assessment: (cross box)	1. General 2. Trial Specific Please list trial:
Camera ID: (01, 02... for multiple cameras tested at site)	
PET/CT or SPECT/CT camera manufacturer: (e.g. Siemens, GE, Philips...)	

PET/CT or SPECT/CT camera model: (e.g. Biograph mCT, Gemini TF, Discovery 690...)	
Installation Date: (MMM/YYYY)	/ /
Acquisition Station Software and version:	
Radionuclide used:	F-18 Ga-68 Tc-99m In-111 I-131 Other (Please specify):
When do you require the validation to be performed?	/ / <i>please indicate an estimated date</i>
Other comments:	

TERMS AND CONDITIONS

1. I undertake to perform the ARTnet phantom study according to the instructions enclosed with the phantom.
2. I will complete the ARTnet phantom study and upload results within 2 weeks from receiving the phantom.
3. ARTnet will provide a certification statement within 4-6 weeks of data upload. If there is any unanticipated delay, then ARTnet will directly contact the site.
4. The site understands it will be invoiced by ARTnet for the camera validation process and will be required to pay the invoice within 4 weeks according to the invoice payment terms.
5. The site also agrees to return the ARTnet phantom as directed or will be invoiced for the full replacement costs of the phantom.
6. Additional fees may be charged for delays in completing the ARTnet phantom study and for any revalidations

Full Name: _____ Date: / /