



MUGA—NUCLEAR IMAGING

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**TO BE COMPLETED BY TECHNICIAN**

1. Person completing procedure (Name): \_\_\_\_\_ (Initials):
2. Date of procedure (Month, Day, Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. Department film number:

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**TO BE COMPLETED BY DATA COORDINATOR**

4. Date MUGA form and film or x-ray plate sent to CSSCD Cardiac Study Chairperson (Month, Day, Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**TO BE COMPLETED BY CARDIAC STUDY CHAIRPERSON**

5. Signature of Cardiac Study Chairperson: \_\_\_\_\_

**6. RADIONUCLIDE STUDY MATERIALS**

6.1 Date reviewed (Month, Day, Year):	_____/_____/_____
6.2 All requirements received:	
<input type="checkbox"/> 1. NO	6.3 List missing requirements: _____
<input type="checkbox"/> 2. YES	6.4 Requirements were: (CHECK ONE)
	<input type="checkbox"/> a. ACCEPTABLE
	<input type="checkbox"/> b. NOT ACCEPTABLE
	SPECIFY REASON: _____

Mail Log  Data Entry

7. VENTRICULAR FUNCTION

FILL IN VALUES BELOW

A. Ejection fraction  -

B. Average heart rate (beats/min)

C. Right ventricular ejection fraction  -

8. WALL MOTION

CHECK ALL THAT APPLY FOR EACH OF 8A-F

1. NORMAL 2. HYPOKINETIC 3. DYSKINETIC

A. Anterolateral wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Apical wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Inferior wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Septal wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Apical-inferior wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Posterior-lateral wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Interpreted by (Name): \_\_\_\_\_ (Initials):

Name of Data Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (Month, Day, Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*\*ATTACH INSTITUTIONAL REPORT\*\*\***

WHITE copy:	Forward to SCC with a copy of the institutional report
GOLD copy:	Data Coordinator's copy
GREEN copy:	Forward to CARDIAC STUDY CHAIRPERSON with copy of institutional report and MUGA film or x-ray plate
BLUE copy:	Cardiology department copy