

Dose Calibrator Acceptance Testing Data GEOMETRY TEST

Facility Name: _____ Tests performed by: _____

Date of testing: _____ Loaner or Original dose calibrator

Manufacturer: _____ Model #: _____ Serial #: _____

Three (3) tests are required to be performed prior to first patient use; Accuracy, Geometry and Linearity. All three test results must be within +/- 10% of the expected results.

GEOMETRY TEST

- This test will require the following:
 - 2.0 mCi ^{99m}Tc in a 3 cc syringe (0.5 ml)
 - 5.0 mCi ^{99m}Tc in a 10 cc glass vial (1 ml)
 - Two (2) vials of saline
- Add saline to each source in amounts noted below and document assay results.

SYRINGE	VIAL
<u>Total Vol.</u>	<u>Total Vol.</u>
0.5 ml _____ mCi	1.0 ml _____ mCi
1.0 ml _____ mCi	2.0 ml _____ mCi
1.5 ml _____ mCi	3.0 ml _____ mCi
2.0 ml _____ mCi	4.0 ml _____ mCi
2.5 ml _____ mCi	5.0 ml _____ mCi
	6.0 ml _____ mCi
	7.0 ml _____ mCi
	8.0 ml _____ mCi

- Activity in each should not vary more than +/- 10%

FAX DATA SHEETS TO MPC (734) 662-9224