



LETTER OF ACCEPTANCE

2 weeks/60 hrs of nuclear medicine practice

Name of the student:.....

Period of practice:.....

Number of weeks:

Name of the hospital/clinic:.....

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp



NUCLEAR MEDICINE PRACTICE

TASKS

1. Patient scheduling and reception
2. Verification of clinical indications and patient history taking
3. Learning about Radiation protection
4. Activities related to the preparation and handling of radiopharmaceuticals, and their documentation
5. Learning about planar imaging procedures
6. SPECT and SPECT/CT examinations
7. PET/CT examinations
8. Therapeutic procedures
9. Additional tests
10. Learning about nuclear medicine reports and their interpretation