



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**