Tufts University Body Composition Analysis Center

CT TEST SCAN FORM

Protocol Name: ☐☐☐ ☐☐☐ ☐☐☐ Date of CT Scan: ☐☐☐ ☐☐ ☐☐☐☐
MMM DD YYYY

Site Number: ☐☐☐☐☐☐ Date CT Scan Received: ☐☐☐ ☐☐ ☐☐☐☐
MMM DD YYYY

The following settings were correct on the CT Test Scan:

1. ☐ kv = 120
2. ☐ mA = 170
3. ☐ Scan time = 1 second
4. ☐ Slice thickness = 10mm

If any of the settings were incorrect, specify the setting that was used:

1. ☐ kv: _____
2. ☐ mA: _____
3. ☐ Scan time: _____
4. ☐ Slice thickness: _____

Has this Test CT scan been approved? …… YES ☐ NO ☐

If no, what is action is recommended?

_____

Date Analyzed: _____By who:_____