



Data Spectrum Corporation

Data Spectrum's ACR Phantom Order Form

May 1, 2018

American College of Radiology (ACR) Nuclear Medicine/PET Accreditation Program
To qualify for any of these phantoms you MUST complete the following:

For PET PETAP #:		For Nuclear Medicine NMAP #:	
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ABOVE NUMBERS ARE REQUIRED. If you do not have these numbers, please send an email to Carolyn MacFarlane at CMacFarlane@acr.org with the following info: type of phantom, when applying for accreditation, facility name and address and person ordering the phantom.

Completion of this form is required – incomplete forms will be returned. Send form to:
Data Spectrum Corporation, 1605 East Club Boulevard, Durham, NC 27704-3405
P: (919) 732-6800 Ext. 200 F: (919) 732-2260 Email: info@spect.com

Description	Model	Price	Qty.	Total
PET Only: Flangeless PET Phantom	PET/FL/P	\$2,322.35		
PET & Nuclear Medicine: Flangeless PET Phantom, 2 nd Deluxe ECT Lid	PET/FL-X2/P	\$2,903.83		
Nuclear Medicine Only: Flangeless Deluxe Jaszczak Phantom	ECT/FL-DLX/P	\$1,741.77		
PET Lid – faceplate is made to fit an existing cylinder – Please Call	PET/FL/LID-COM	\$1,164.78		
Shipping & Handling, Per unit purchased, within the Continental United	Freight	25.00		

For any SMALL FIELD OF VIEW DEDICATED CARDIAC SPECT SYSTEMS you will probably need our Small SPECT Phantom – see that specific order form (this is camera specific!)

North Carolina ONLY exemption # _____ for sales, if you are not taxable.

Send invoice, our terms are NET 30, and you MUST provide a PO # _____
(Must have a valid DSC account – please request and provide a credit application)

Prepayment, including shipping, must be included in your payment, or shipment will be delayed.
Prepayment is enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of \$_____, (Checks should include the name of the facility).

Credit-card payment in the amount of purchase, including shipping & handling, you may call in the number if you prefer not to write it down on this form.

Master Card Visa Card Discover Card American Express

Card No.: _____ Expiration Date: _____

CVV Code: _____ Card Holder: _____

Ship To

**Bill To or Credit Card Bill To, if different
From Ship To**

Contact Name:	Contact or CC Name:	
Email:	Email:	
Phone:	Phone:	Fax:
Org. Name & Address:	Org. Name & Address:	

Signed: _____ Title: _____ Date: _____