



Data Spectrum Corporation

Data Spectrum's ACR Small SPECT Phantom Order Form

May 1, 2018

American College of Radiology (ACR) Nuclear Medicine/PET Accreditation Program

USE OF THE SMALL SPECT PHANTOM IS CAMERA SPECIFIC:

D-SPECT, GE 530c, GE 570c, CardiArc, maiCam, C!, P3000, and ClearVision. Optional (can use either): c.cam, CardioMD, Ventri ; PLEASE VERIFY your ability to use this – IF IN DOUBT contact the ACR.

To qualify for this phantom you **MUST** complete the following:

For Nuclear Medicine - NMAP #	
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ABOVE NUMBER IS REQUIRED. If you do not have this number, 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
Small SPECT Phantom	ECT/SM/P	\$1,502.55		
Shipping & Handling, Per unit purchased, within the Continental United States	Freight	25.00		

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: _____
V 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:** _____