



Data Spectrum Corporation

Data Spectrum's ACR Phantom Order Form

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-arrs.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
437 Dimmocks Mill Road Suite 17, Hillsborough, NC 27278
Phone: (919) 732-6800 Fax: (919) 732-2260 Email: info@spect.com

Description	Model	Costs	Qty.	Total
PET Only: Flangeless Esser PET Phantom	ACR PET/FL/P	\$2,028.60		
PET & Nuclear Medicine: Flangeless Esser PET Phantom, 2 nd Deluxe ECT Lid	ACR PET/FL-X2/P	\$2,536.54		
Nuclear Medicine Only: Flangeless Deluxe Jaszczak Phantom	ACR ECT/FL-DLX/P	\$1,521.45		
Esser PET Lid – faceplate is made to fit an existing cylinder – Please Call	ACR PET/LID/REG ACR PET/LID/FL	\$1,017.45		

For any SMALL FIELD OF VIEW DEDICATED CARDIAC SPECT SYSTEMS you will probably need out 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 # _____

Prepayment, including shipping, must be included in your payment, or shipment will be delayed.

(If paying by check, contact us so we may advise you of the shipping charge). 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: _____

Shipping Address			
Bill To Address: (if different / credit card holder address)			
Contact Name(s):			
Contact Email:			
Telephone:		Fax:	

Signed: _____ Title: _____ Date: _____