



INCAPS (IAEA Noninvasive CArdiology Protocols Study) 4

About Your Institution

* Name of institution

* Country/Administrative Area [?](#)

Choose one of the following...

* City/Town [?](#)

Zip Code/Postal Code

Modalities

* For which modality/modalities are you reporting patient-level data for this institution?
Please select one or both.

Nuclear Cardiology Cardiac CT

Institutional Characteristics

* Type of site

* Is site university affiliated?

Yes No

* Does the site train physicians in Nuclear Cardiology?

Yes No

* Does the site train physicians in Cardiac CT?

Yes No

* Is a medical physicist involved in setting Nuclear Cardiology protocols?

Yes No

* Is a medical physicist involved in setting Cardiac CT protocols?

Yes No

* If your laboratory uses a hybrid scanner, is coronary artery calcium reported for any patients?

No
 Yes - quantitatively measured calcium score
 Yes - visually estimated/semiquantitative calcium score
 not applicable

Number of beds (if hospital)

Contact Person

* Your first/given name (example: Diana)

Your middle initial(s) (example: I.)

* Your family name/surname (example: Paez)

Your academic degree(s) (example: MD, PhD)

* E-mail address

* Telephone number (best number to contact you; incl. telephone country code; e.g. +43126000)

* Your profession (choose one, reflecting your major specialty)

* Are you personally board certified or accredited in Nuclear Cardiology? Yes No

* Are you personally board certified or accredited in Cardiac CT? Yes No

Lead Investigator

Complete this section only if the lead investigator is someone other than the contact person

Lead investigator's first/given name (if different person than contact person)

Lead investigator's middle initial(s)

Lead investigator's family name/surname

Lead investigator's title (example: MD, PhD)

Lead investigator's profession (choose one, reflecting specialty)

Is the lead investigator personally board certified or accredited in Nuclear Cardiology? Yes No

Is the lead investigator personally board certified or accredited in Cardiac CT? Yes No

Institution's Procedure Numbers During Selected Week

In this section please provide counts of all imaging studies in the specified categories performed for clinical purposes and completed during one specific week of your choice (Monday-Sunday) between October 15, 2023 and November 11, 2023. The same week should be used for this section, for Nuclear Cardiology studies, and for Cardiac CT studies in the following sections - this will be referred to as the selected week.

- All data entered should be recorded retrospectively for the selected week.
- Only include studies completed during the selected week.
 - For example, if a two-day stress-rest SPECT myocardial perfusion imaging study is begun on Friday of the previous week and completed on Monday of the selected week, then it should be included, however if it is begun on Friday of the selected week but completed on Monday of the week following the selected week, then it should not be included.
- Only include studies in which patients were imaged at your facility. Exclude studies read at your facility but performed elsewhere. However, include studies performed at your facility but read elsewhere.
- Exclude studies performed exclusively for research.
- If both stress echocardiography and a baseline (rest) echocardiogram are performed, count these as separate studies; similarly for cardiac magnetic resonance.

	Is test performed at this site?	Number of procedures performed during selected week
Echocardiography without Stress Testing	* <input type="text"/>	<input type="text"/>
Stress Echocardiography	* <input type="text"/>	<input type="text"/>
Cardiac Magnetic Resonance without Stress Testing	* <input type="text"/>	<input type="text"/>
Stress Cardiac Magnetic Resonance	* <input type="text"/>	<input type="text"/>
Stress SPECT Myocardial Perfusion Imaging	* <input type="text"/>	<input type="text"/>
SPECT Myocardial Perfusion Imaging for Viability	* <input type="text"/>	<input type="text"/>
SPECT Myocardial Blood Flow Reserve (with CZT camera)	* <input type="text"/>	<input type="text"/>
Stress PET Myocardial Perfusion Imaging	* <input type="text"/>	<input type="text"/>
PET Myocardial Perfusion Imaging for Viability	* <input type="text"/>	<input type="text"/>
PET Myocardial Blood Flow Reserve	* <input type="text"/>	<input type="text"/>
Nuclear Ventriculography (MUGA, RVG, etc.)	* <input type="text"/>	<input type="text"/>

Amyloidosis (PYP, DPD, HMDP, etc.)

*

Exercise ECG (Treadmill, no imaging)

*

Exercise ECG (Bicycle, no imaging)

*

CT Coronary Artery Calcium Scoring Alone

*

CT Coronary Angiography without Calcium Scoring

*

CT Coronary Angiography with Calcium Scoring

*

CT Fractional Flow Reserve

*

CT Quantitative Plaque Analysis

*

CT Perfusion

*

CT Structural (for valve repair/replacement, left atrial appendage, ablation, or other intervention)

*

Invasive Coronary Angiography (in cath lab)

*

Invasive Physiology (in cath lab, e.g. FFR, iFR)

*

Invasive Imaging (in cath lab, e.g. IVUS, OCT)

*

Procedure Number Comments





Unit Selection

Please select units of data input for the form below

- * Weight kg lb
- * Height cm inches
- * X-ray tube current units mA mAs mAs / slice effective mAs

Patient Data

In this section please include all Coronary Artery CT and Coronary Artery Calcium Scoring studies performed for clinical purposes performed during one selected week (Monday-Sunday) between October 15, 2023 and November 11, 2023 as specified.

- Include coronary artery bypass graft studies, coronary studies also imaging the thoracic aorta, and "triple rule out" studies.
 - Do not include structural studies such as pre-TAVR evaluation, left atrial appendage, and pulmonary vein assessment.
 - In general, do not include congenital heart disease studies, unless they are performed specifically for coronary evaluation, i.e. to assess known or suspected anomalous coronary arteries.
 - For medications, please specify medications received including patient's own medications as well as those given specifically for heart rate control for the test.
 - All data entered should be recorded retrospectively for the selected week.
 - Only include studies in which patients were imaged at your facility, excluding studies read at your facility but performed elsewhere.
 - However, include studies performed at your facility but read elsewhere. For studies read at your facility but performed at a different facility, we encourage completing a separate document for the other facility.
 - For patients aged 90+, please specify age as 90, in accordance with the HIPAA privacy law standard.
- To start entering data for a patient, click on .
 - To add a patient, click on .
 - To create a duplicate of a patient's entry which can be edited for the next patient, click on .
 - To delete a patient's entry, click on .

Please, remember to **Save Progress**.

#	Day	Age	Sex	Weight	Height
1					

 Save Progress

CARDIAC CT

Details



Patient Characteristics | Scan Information | Total Study Radiation Dose

- * Day
- * Age
- * Sex
- * Weight
- Weight Unit
- * Height
- Height Unit
- * Known coronary artery disease (CAD) No Yes Do not know (please, ask colleague if you're not sure)
- * Prior myocardial infarction No Yes Do not know (please, ask colleague if you're not sure)
- * History of percutaneous coronary intervention (PCI) No Yes Do not know (please, ask colleague if you're not sure)
- * Prior coronary artery bypass surgery (CABG) No Yes Do not know (please, ask colleague if you're not sure)
- * Main reason patient underwent coronary CT scan
- Other, please specify
- * Patient location

Patient Characteristics | **Scan Information** | Total Study Radiation Dose

- * Beta Blocker - Oral No Yes Do not know (please, ask colleague if you're not sure)
- * Beta Blocker - Intravenous No Yes Do not know (please, ask colleague if you're not sure)
- * Other Heart Rate Control Agent No Yes Do not know (please, ask colleague if you're not sure)
- * Nitroglycerin No Yes Do not know (please, ask colleague if you're not sure)
- * Breast Shielding No Yes Do not know (please, ask colleague if you're not sure)
- * Breast Retraction No Yes Do not know (please, ask colleague if you're not sure)
- * Heart rate at time of scan (beats per minute)
- * Atrial fibrillation at time of scan No Yes Do not know (please, ask colleague if you're not sure)
- * Scanner
- Other (please, specify)
- * What scans were performed?
 - Calcium Score
 - Repeat Calcium Score
 - Coronary CT Angiogram
 - Repeat Coronary CT Angiogram


Patient Characteristics | **Scan Information** | **Total Study Radiation Dose**


- * Total study DLP (including all series such as scout imaging, timing bolus, calcium score, coronary CTA etc.)


Data Certified by ...

By clicking the button, I confirm that I have completed the data submission and provided the information to the best of my knowledge.

 Certify Data

Certified on 

Certified by NUCLEUS User 

Certified by Full Name 

Certified User's Email 

To finalize and submit the form press [Save Data](#).

 Save Data