Clinic: _____ Date: _____

CIRS 062
S/N:03-829A

Scanner ID: _____

撮影条件:

ROD#	CT値		rED	Label
			0.01	Air
3			**0.190**	Lung(Inhale)
15			**0.190**	Lung(Inhale)
7			**0.489**	Lung(Exhale)
11			**0.489**	Lung(Exhale)
8			**0.949**	Adipose
12			**0.949**	Adipose
4			**0.976**	Breast(50/50)
16			**0.976**	Breast(50/50)
0			**1.000**	SYRINGE H_2O
2			**1.043**	Muscle
14			**1.043**	Muscle
6			**1.052**	Liver
10			**1.052**	Liver
5			**1.117**	Bone 200mg/cc
9			**1.117**	Bone 200mg/cc
1			**1.456**	Dense Bone 800mg/cc
13			**1.456**	Dense Bone 800mg/cc

並び変えるときは自分で番号を記入のこと