



Protocol: Glioma Brain Tumor

Adult Neuro Department

Charge: 1006

Time Out

- Patient ID verified with two identifiers/ Wristband
- All required screening forms completed and signed
- Verify correct Patient and exam on scanner and RIS
- Correct Protocol confirmed
- Ordered under correct dept. (i.e. MBV, MKM, etc)
- Images Sent
- Confirm Patient tracked in RIS and ICD-9 Coded

Tech Hand Off

- Confirm Patient, exam, and special instructions
- Relay info such as location of Pt. family/ valuables

Technologist Signature/ Date and Time

Contrast : 0.1 mmol/kg of contrast

Agent:

Dose (cc):

Comments

Patient Identification:

Accession #:

Scanning
Technologist:

Reviewing
Radiologist:

Protocol Information

Plane	Sequence name	Vendor name
1. 3-Plane	Scout	Gre
2. Sagittal	T1 Sag	tse
3. Axial	T2 Flair Ax	t2 dark-fluid
4. Axial	DTI Ax	epse
5. Axial	SWI	gre
6. Axial	T1 Ax Pre	tse

- Contrast 0.1 mmol/kg dose: 5 cc / sec with a 10 sec delay-

7. Axial	ep2d_perf	epfid
-perform a mean curve over tumor and normal brain-		
8. Axial	T2 Ax fs	tse w/ FS
9. Axial	T1 Ax Post	tse
10. Coronal	T1 Coro Post	tse w/FS

- OPTIONAL (If requested)-

11. Axial	T2 Flair Ax Post	t2 dark-fluid
12. MRS	Multi-Voxel (te=135)	

*****Notes*****

*Immobilize Head with sponges/tape.

*COMMUNICATE with your patient if possible.