

**Patient Identification:**

Accession #:

Scanning  
Technologist:

Reviewing  
Radiologist:

USE THE SMALL FOV OR LARGE FOV DEPENDING ON AREA NEEDED

Plane	Sequence name	Siemens name
1. 3-Plane	Scout	flash_r
2. Coronal	STIR SPC Coro	spc
3. Sagittal	MPRAGE Sag	gre (mpr)
4. Axial	T2 Axial fat sat	tse fs
5. Axial	T1 Axial	tse
6. Axial	DTI Ax	dwi
7. Axial	DWI Ax	dwi
8. Axial	T1 In- phase	gre
9. Axial	T1 Out-of-phase	gre

-----**spectroscopy**-----

10. Spect	SVS Te 140	SVS
11. Spect	SVS Te 140 water sup	SVS
12. Spect	SVS Te 140 w/ body coil	SVS
13. Coro	Pre Gad Coro	VIBE

**- 1 dose Contrast 3cc/sec -**

14. Coro	Post Gad Coro	VIBE
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\*\*\*\*Reformat the Pre and Post VIBES in Axial and Sag at 3 mm \*\*\*\*

TIPS

- Need to call one of the below for spectroscopy consent, in order:
  1. Dr. Xin Wang 513-226-5144
  2. Dr. Antonio Machado 410-948-0425
  3. Dr. Laura Fayad 3-6421 (pager)
- Cover tumor seen on STIR SPC Coro images
- Axials should cover affected extremity only, with smallest possible FOV
- If fat sat is not working, use STIR Axial instead

## Protocol: Nerve Tumor

MSK Department

Charge: Charge according to body part

### 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