

**Request for Protocol Change**

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Exam:** \_\_\_\_\_ **New:**  **Existing:**

**Reason for protocol change request:**

**Patient Prep:**

- Oral contrast     No IV contrast     IV Contrast: Isovue 370,    IV size \_\_\_\_\_
- a. flow rate: \_\_\_\_\_
- b. arterial phase: delay time: \_\_\_\_\_
- c. venous phase: delay time: \_\_\_\_\_
- d. delays: delay time
- Water

**Scanner Protocol**

Siemens Scanner	kv	Reference mAs	Care dose	collimation	Pitch	Kernel	CTDIvol
16 arterial							
16 venous							
64							
128							

**Reconstruction**

Siemens Scanner	Coronal	Saggital	4 D	Processed Axial Slice thickness	Recon interval slice thickness
16					
64 & 128					
64&128					
Delays on all scanners					

- Networking images:**     Archive     Web Main     Web back up     Vital Images
- Series 1     Series 2     Series 3     Series 4
- Exposure Data     Scanogram with lines

**Scanners to make protocol changes on:**    **1**    **3**    **5**    **6**    **8**    **IRL**

**Will the changes affect radiation dose to patient?**

- Yes (requires PhD approval)     No

PhD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Changes approved by:**

Section Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**Changes made on (date) \_\_\_\_\_: Initial date scanners changed**

- Scan 1     Scan 3     Scan 5     Scan 6     Scan 8     IRL \_\_\_\_\_

**Return completed for to Clinical Chief**

Forms: protocol change request, 6-12, 10-12, 03-14