**Name of the protocol: (Please use this format-MR Protocol REGION***Organ* SPECIFIC PROTOCOL/PATHOLOGY/KEYWORD. Eg. **MR Protocol ABDOMEN***Liver*DYNAMIC MultiHance/Primovist)

**Date created: MM/DD/YYYY**

**Developed by: SPR MEMBER NAME AND/OR SPR COMMITTEE NAME**

**A) Preparation or initial instructions**:

* Preparation: (e.g. fasting for 4 hrs)
* Coverage:
* Indication:
* Any special instruction: (e.g. IV fluids for MRU, empty bladder before scan, IV on opposite side of abnormality etc)

**B) Protocol table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sequence Name** | **Vendor Specific name** | **Plane** | **Fat suppression** | **Motion compensation** | **Other relevant parameters** | **Additional info** |
| **1**.  |  |  |  |  |  |  |
| **2**.  |  |  |  |  |  |  |
| **3**.  |  |  |  |  |  |  |
| **4**.  |  |  |  |  |  |  |
| ***Contrast instructions with dose, rate ml/sec and delay etc.***  |
| **5**.  |  |  |  |  |  |  |
| **6**.  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Optional sequences** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Foot notes: eg. BH= breath-hold, RT= respiratory triggered etc |

**C)****References**: (1-2 only)

1.