Protocoling a CT Scan :

From Physician Request to Radiologist Protocol: Optimizing the Imaging Process

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CT Education and Collaboration Collective

TUESDAY AUGUST 11TH, 2026

Objectives

Understand how the orders are placed.

→

Understand what happens after the orders are placed.

→

Understand what happens the day of CT scan, to getting the results.

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YOU GO TO YOUR PRIMARY CARE PHYSICIAN AND TELL THEM YOU HAVE ABDOMINAL PAIN.

How the orders are placed in the electronic medical record (EMR).

EPIC = UWHC Version of EMR

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WALLY'S WANDS
AND BAIT
ACME Brooms and Charms


chocolate


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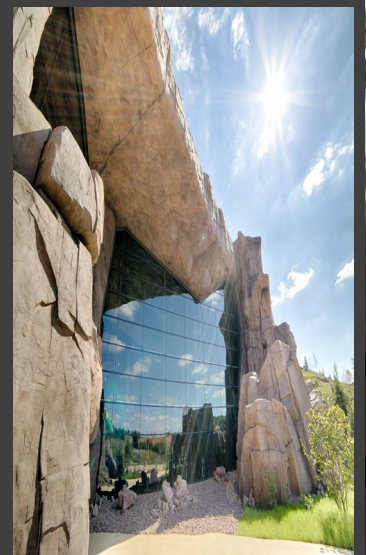
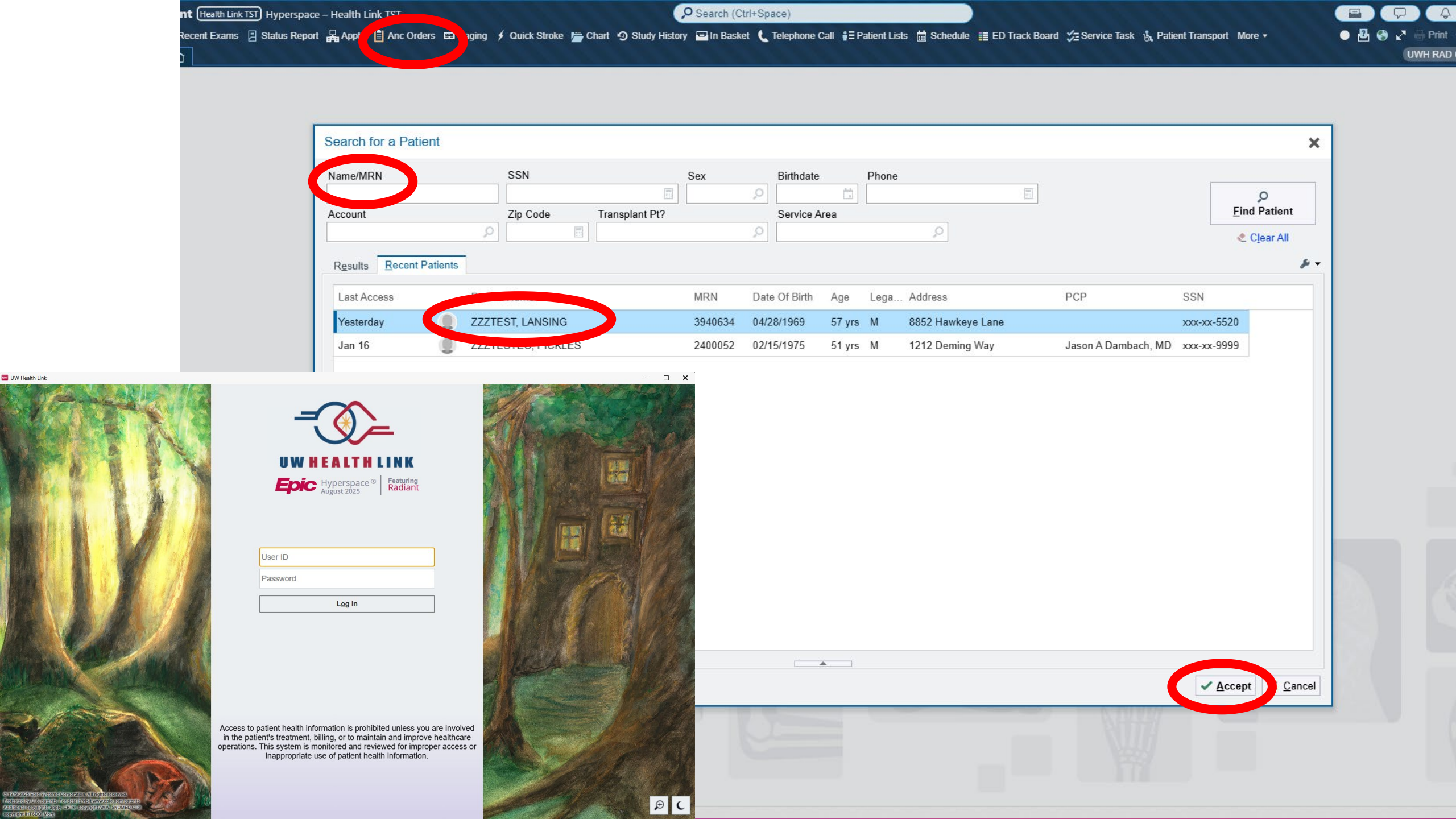
HOGWARTS
IN WISCONSIN




Health Link TST
Hyperspace – Health Link TST
Search (Ctrl+Space)
Recent Exams
Status Report
Anc Orders
Quick Stroke
Chart
Study History
In Basket
Telephone Call
Patient Lists
Schedule
ED Track Board
Service Task
Patient Transport
More
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Search for a Patient
Name/MRN
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Jason A Dambach, MD
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Accept
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UW Health Link
UW HEALTH LINK
Epic Hyperspace August 2025
Featuring Radiant
User ID
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Log In
Access to patient health information is prohibited unless you are involved in the patient's treatment, billing, or to maintain and improve healthcare operations. This system is monitored and reviewed for improper access or inappropriate use of patient health information.

How the orders are placed in EPIC

Based on patient's symptoms the physician orders CT scan through EPIC (EMR)

Does the exam need IV contrast?

Order Search

CT ABDOMEN

Procedures

Name	Px Code
CT ABDOMEN PELVIS W & W/ O IV CONTRAST	R07033
CT ABDOMEN PELVIS W IV CONTRAST	R07416
CT ABDOMEN PELVIS W/ O IV CONTRAST	R07005
CT ABDOMEN W & W/ O IV CONTRAST	R74170
CT ABDOMEN W IV CONTRAST	R74160
CT ABDOMEN W/ O IV CONTRAST	R74150
CT ANGIO ABDOMEN	R74175

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Choosing the correct information

Ordering provider needs to fill out as much information as possible.

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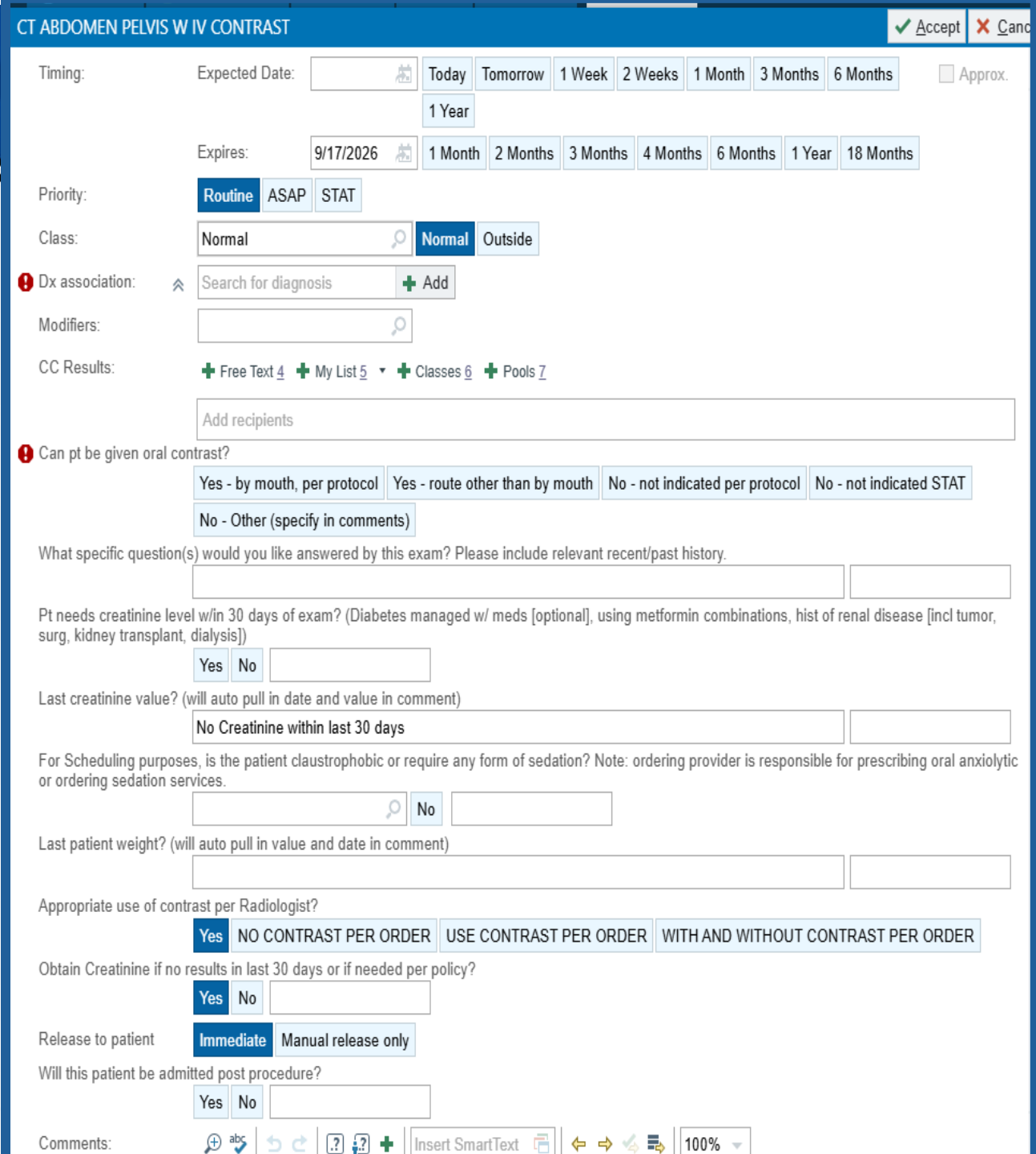
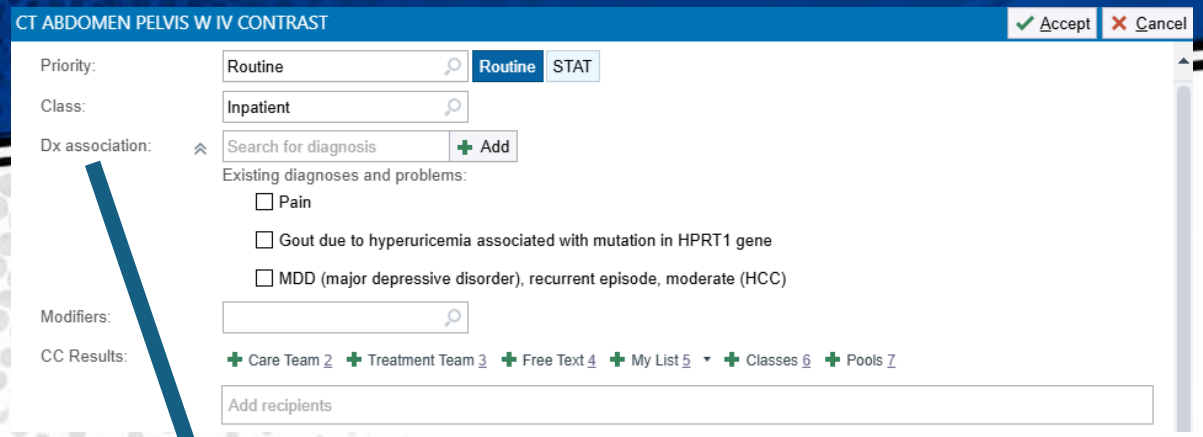
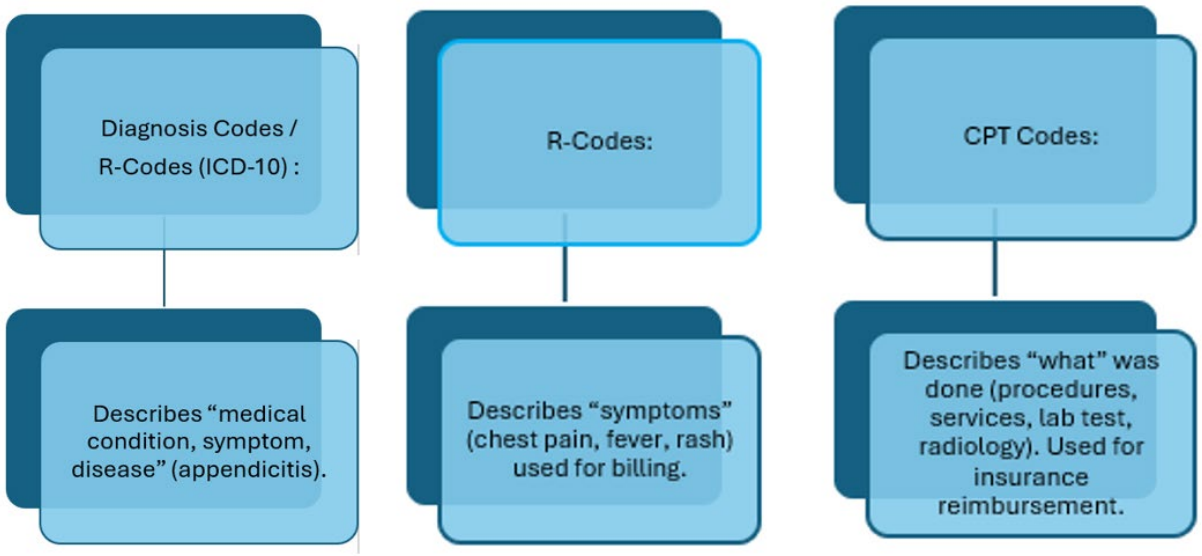
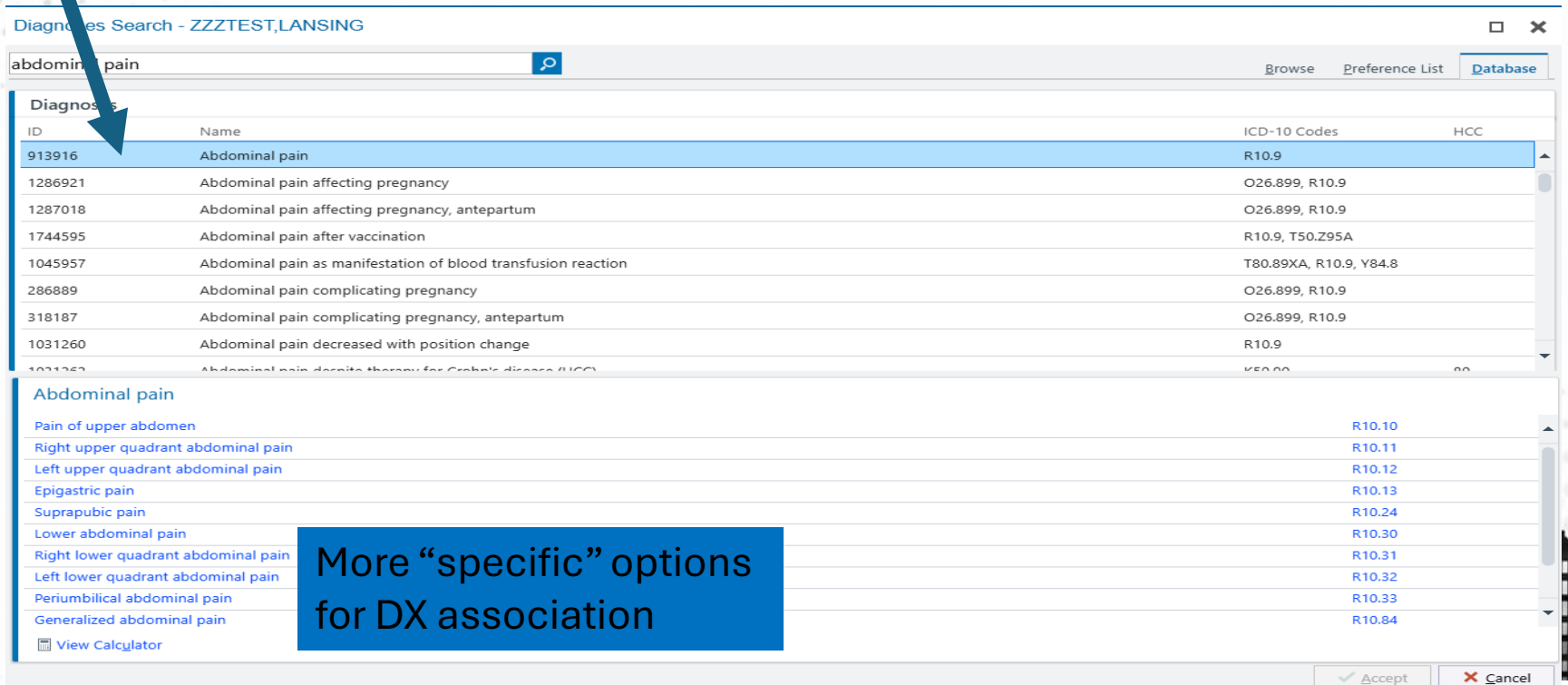


Entering all pertinent information







More "specific" options for DX association

Putting in the pertinent and correct information, ultimately helps Radiology figure out what CT imaging to obtain.

Entering all pertinent information

Do they need oral contrast?

Can pt be given oral contrast?

Yes - by mouth, per protocol	Yes - route other than by mouth	Yes, Bariatric post op <1 month
No - not indicated per protocol	No - not indicated STAT	No - Other (specify in comments)

Do they need labs?

Last creatinine value? (will auto pull in date and value in comment)

No Creatinine within last 7 days

Obtain Creatinine if no results in last 30 days or if needed per policy?

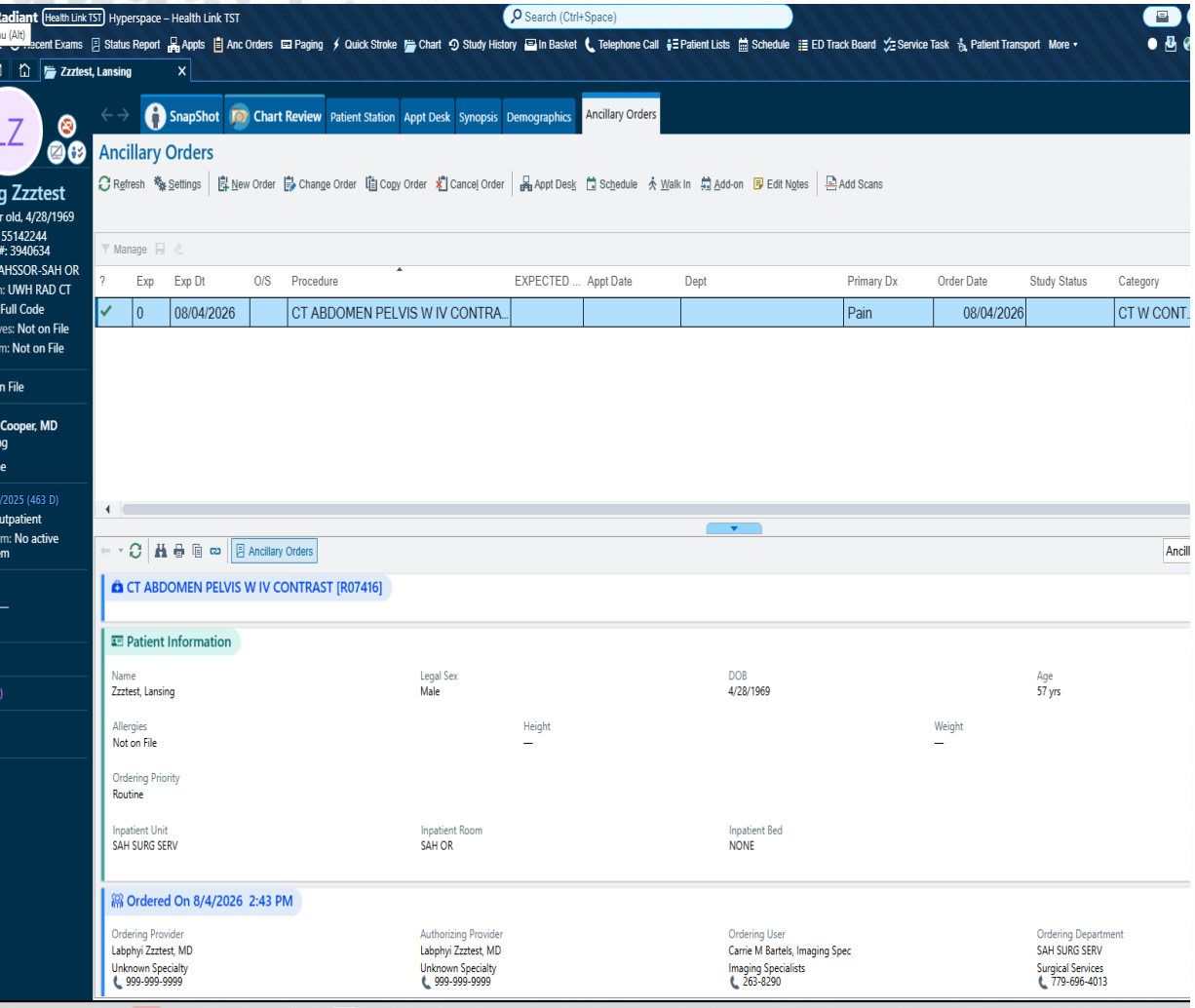
Yes | No

Do they need IV contrast?

Appropriate use of contrast per Radiologist?

Yes	NO CONTRAST PER ORDER	USE CONTRAST PER ORDER	WITH AND WITHOUT CONTRAST PER ORDER

Completed order in EPIC



Protocol Summary

Protocol not completed.

Order Questions

Can pt be given oral contrast?	Yes - by mouth, per protocol
Current signs and symptoms?	
What specific question(s) would you like answered by this exam? Please include relevant recent/past history.	
Last creatinine value? (will auto pull in date and value in comment)	No Creatinine within last 7 days
Last patient weight? (will auto pull in value and date)	0 lbs ()
Transport Method	Floor Determined/Entered
Appropriate use of contrast per Radiologist?	Yes
Obtain Creatinine if no results in last 30 days or if needed per policy?	Yes
Release to patient	Immediate
For Scheduling purposes, is the patient claustrophobic or require any form of sedation? Note: ordering provider is responsible for prescribing oral anxiolytic or ordering sedation services.	

Protocol

A **protocol** is an official set of rules and procedures that guide how people, devices, or systems behave and communicate. Depending on the context, it refers to: Fastly +1

The word “Protocol” means different things to different groups.

Radiologist

To a radiologist, a **protocol** is a set of specific technical instructions that dictates exactly how a medical imaging scan must be performed for a specific medical condition.

Technologist

To a CT technologist, a protocol is a **mandatory step-by-step recipe** for running the CT scanner to capture high-quality diagnostic images safely.

While the radiologist decides *which* protocol to use based on the medical question, the CT technologist is the professional responsible for **executing** those exact technical parameters at the machine console.

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Abdominal (and CAPs)

Protocols

Chest/Abd/Pelvis with IV Contrast	5.4/5.5/5.6
Chest/Abd/Pelvis without IV Contrast	5.7/5.8/5.9
CTPA for PE with Abd/Pelvis	5.19/5.20/5.21
Trauma - Chest	5.22/5.23/5.24
Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27
Abd/Pelvis (Dual Energy) -Under 250lbs	6.1
Abd/Pelvis	6.1/6.2/6.3
Trauma - Abd/Pelvis	6.4/6.5/6.6
Penetrating Abdominal Trauma	6.4/6.5/6.6
High Image Quality Cancer Follow-Up Abd/Pelvis	6.7/6.8/6.9
Abd/Pelvis - Flank Pain	6.10/6.11/6.12
Limited Follow-Up Kidneys Only	6.13/6.14/6.15
Abd/Pelvis - Colonography	6.16/6.17/6.18
Abd/Pelvis - Colonography with IV Contrast	6.19/6.20/6.21
Abd/Pel - Urography (Dual Energy) -Under 250lbs	6.22
Abd/Pelvis - Urography	6.22/6.23/6.24
Abd-Liver - Biphasic (Dual Energy)-Under 250lbs	6.25
Abd-Liver - Biphasic	6.25/6.26/6.27
CTA Abd-L	
CTA Abd-L	
Abd-Adren	
Abd-Adren	
CTA Abd-L	
Abd-Pancr	
Abd - Panc	
CTA Abd-P	
Abd/Pelvis	
Abd/Pelvis	
CTA Abd -	
Abd-Small	
Abd-Small	
CTA Abd -	
CTA Abd -	
Urothelial T	
Urothelial T	
Abd - Veno	
Abd/Pelvis - Venogram (Pre-IVC Filter Removal)	6.73/6.74/6.75
CTA Abd/Pelvis - Active Bleeder (Dual Energy)-Under 250lbs	6.79
CTA Abd/Pelvis - Active Bleeder	6.79/6.80/6.81
Abd-Liver HCC (Dual Energy)-Under 250lbs	6.82
Abd-Liver - Hepatocellular Carcinoma (HCC)	6.82/6.83/6.84
CTA Abd-Liver - Transplant Recipient Workup (Dual Energy)-Under 250lbs	6.85
CTA Abd-Liver - Transplant Recipient Workup	6.85/6.86/6.87
Abdominal Wall Flap CTA	6.88/6.89/6.90
Lower Extremity CTA and Trauma-Chest/Abd/Pelvis	
Cystogram	8.10/8.11/8.12
Body Pelvis (Dual Energy) -Under 250lbs	8.16
Body Pelvis	8.16/8.17/8.18
Neck/Chest/Abd/Pelvis	
Trauma – CTA Head/Neck/Chest/Abd/Pelvis	
Abd/Pelvis - R/O Hernia (Use routine Abd/Pelvis protocol)	6.1/6.2/6.3
Abd/Pelvis - Upper GI (UGI) (Use routine Abd/Pelvis protocol)	6.1/6.2/6.3

Neuro

Protocols

Brain - Routine (Helical Mode)	1.1
Brain - Helical Scan with Angled Axial Reformations	1.2
Brain - Routine (Axial Mode)	
Brain Post Thrombolysis Helical (Dual En	
3D CT (Craniosynostosis, Congenital Fac	
Stroke Deluxe – Total Cerebrovascular	
CTA Head Only (Stenosis, Aneurysm, Un	
CTA Head Only (Dual Energy)	
CT Venography Head & Neck	
Stereotactic Head	
ECMO Stroke Deluxe - Total Cerebrovasc	
Neck (Salivary Gland)	
CTA Neck Only (Cerebrovascular Diseas	
Neck (Hypervascular Papillary Thyroid)	
Adult Cervical Spine (without Metal)	
Adult Cervical Spine (with Metal)	
Adult Lumbar Spine (without Metal)	
Adult Thoracic Spine (without Metal)	
Stereotactic Spine	
Adult Lumbar Spine (with Metal)	7.10/7.11/7.12
Adult Thoracic Spine (with Metal)	7.13/7.14/7.15

Chest

Protocols

Chest - (Routine and High-Resolution)
Chest - Low Dose Follow-up/Screening
Chest - CTPA for PE
Chest - Esophagram
Chest - Dynamic 3D Airway

Musculoskeletal

Protocols

Shoulder/Humerus (with or without Metal)	4.1/4.2/4.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Gout Upper Extremity (Dual Energy)	4.4		CT2		CT4	ER		
Zimmer/Biomet Shoulder	4.5	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Elbow/Forearm (without Metal)	4.6	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Elbow/Forearm (with Metal)	4.7	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Wrist (without Metal)	4.8	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Wrist (with Metal)	4.9	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Chest Wall/Clavicle/AC Joint/SC Joint/Sternum/Ribs	4.13/4.14/4.15	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Gout Spine/ Shoulder (Dual Energy)	7.16/7.17/7.18		CT2		CT4	ER		
Bony Pelvis/Hips/SI/Femur/FAI (without Metal)	8.1/8.2/8.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Bony Pelvis/Hips/SI/Femur/FAI (with Metal)	8.4/8.5/8.6	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Hip Preservation CT	8.13	CT1	CT2		CT4	ER	AFCH	DHC
Mako Hip	8.14	CT1	CT2		CT4	ER		DHC
Ankle/Foot/Distal Tibia (without Metal)	9.1	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Ankle/Foot/Distal Tibia (with Metal)	9.2	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Knee/Tibia (without Metal)	9.3	CT1	CT2	Canon	CT4	ER	AFCH	DHC
Knee/Tibia (with Metal)	9.4	CT1	CT2	Canon	CT4	ER	AFCH	DHC
BODYCAD Lower Extremity	9.5		CT2	Canon	CT4	ER		DHC
Gout Lower Extremity (Dual Energy)	9.6		CT2		CT4	ER		
Mako Knee	9.7	CT1	CT2		CT4	ER	AFCH	DHC
Femoral Anteversion/Lower Extremity Rotational Study	9.8/9.9/9.10	CT1	CT2		CT4	ER	AFCH	DHC
Pre-op Prophecy/S+N	9.16				CT4	ER		
Soft Tissue Extremity with IV Contrast	9.24/9.25/9.26	CT1	CT2	Canon	CT4	ER	AFCH	DHC

Cardiovascular

Protocols

CARDIAC								
Coronary	5.37/5.38/5.39		CT2	Canon	CT4	ER		
Calcium Score	5.37/5.38/5.39		CT2	Canon	CT4	ER		
TAVR	5.43/5.44/5.45		CT2	Canon	CT4	ER		
TAVR W/O	5.47/5.48/5.49		CT2	Canon	CT4	ER		
Upper Extremity	4.10/4.11/4.12		CT2	Canon	CT4	ER		DHC
Thoracic Outlet	5.83/5.84/5.85	CT1	CT2		CT4	ER	AFCH	DHC
Lower Extremity	9.13/9.14/9.15		CT2	Canon	CT4	ER		
Fibular Flap	9.13/9.14/9.15		CT2	Canon	CT4	ER		

Completed protocol in EPIC

Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27
Abd/Pelvis (Dual Energy) -Under 250lbs	6.1
Abd/Pelvis	6.1/6.2/6.3
Trauma - Abd/Pelvis	6.4/6.5/6.6
Penetrating Abdominal Trauma	6.4/6.5/6.6
High Image Quality Cancer Follow-Up Abd/Pelvis	6.7/6.8/6.9
Abd/Pelvis - Flank Pain	6.10/6.11/6.12
Limited Follow-Up Kidneys Only	6.13/6.14/6.15
Abd/Pelvis - Colonography	6.16/6.17/6.18
Abd/Pelvis - Colonography with IV Contrast	6.19/6.20/6.21
Abd/Pel - Urography (Dual Energy) -Under 250lbs	6.22
Abd/Pelvis - Urography	6.22/6.23/6.24
Abd-Liver - Biphasic (Dual Energy)-Under 250lbs	6.25
Abd-Liver - Biphasic	6.25/6.26/6.27
CTA Abd-Liver - Triphasic (Dual Energy)-Under 250lbs	6.28
CTA Abd-Liver - Triphasic	6.28/6.29/6.30
Abd-Adrenal Gland - Adenoma (Dual Energy)-Under 250lbs	6.31
Abd-Adrenal Gland - Adenoma	6.31/6.32/6.33
CTA Abd-Liver - Donor Work-up	6.37/6.38/6.39
Abd-Pancreas Cancer (Dual Energy)-Under 250lbs	6.40
Abd - Pancreas Cancer (Neoplasm Screening)	6.40/6.41/6.42

EPIC Order

Reason For Exam: CT ABDOMEN PELVIS W IV CONTRAST

Dx: Pain [R52 (ICD-10-CM)]

- Radiology then must choose what abdomen/pelvis protocol they need. This is based off the patient's symptoms/chief complaints that the ordering provider provides.

Quick Guides

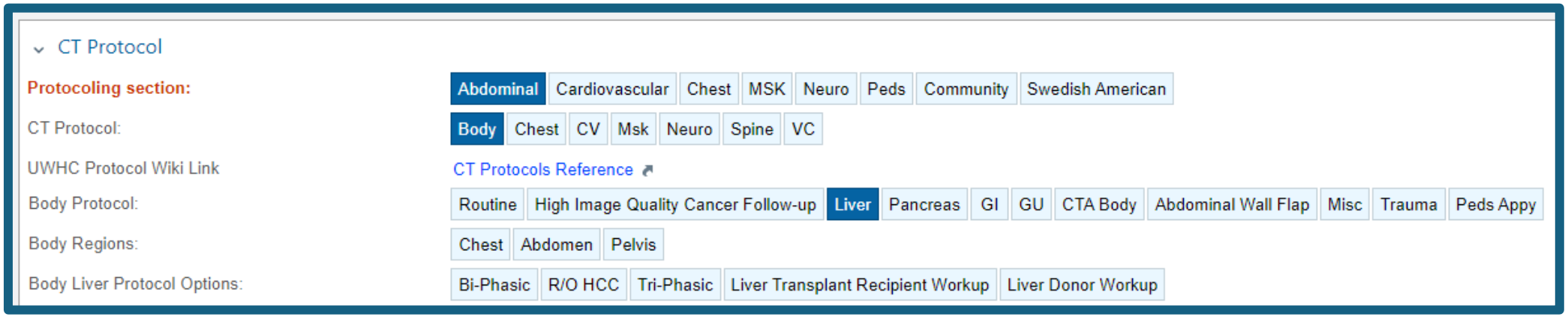
Body Protocol Quick Guide

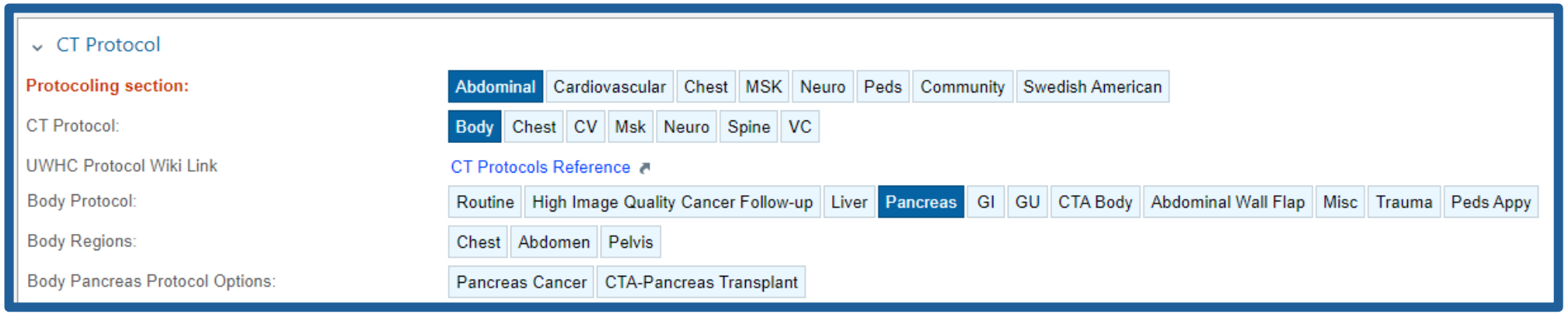
When in doubt, please ask/double check/call referring provider!

Protocol Name	Protocol Number	Indication(s)	Phases	Oral Contrast	Design Philosophy
Chest/Abd/Pelvis with IV Contrast	5.4/5.5/5.6	Evaluate for adenopathy, abscess and Neoplasm, infection	Chest (with or without IV per protocol) & A/P (Portal Venous)	Oral	This protocol is most commonly applied to patients with neoplasm that may affect the entire torso, but is not expected to affect the head and neck.
Chest/Abd/Pelvis without IV Contrast	5.7/5.8/5.9	Evaluate for adenopathy, abscess and Neoplasm, infection	Chest (without IV) & A/P (without IV)	Oral	This scan is usually performed for the evaluation of tumor or other con
CTPA for PE with Abd/Pelvis	5.19/5.20/5.21	Pulmonary Emboli and any intraabdominal pathology	Chest (CTA) & A/P (Portal Venous)	Oral	Co abd
Trauma - Chest	5.22/5.23/5.24	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	CTA	None	inj c
Trauma - Chest/Abd/Pelvis	5.25/5.26/5.27	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	CTA Chest, Portal Venous A/P, Optional 7 min Delay through A/P	None	En Rou
Abd/Pelvis	6.1/6.2/6.3	Evaluate for abdominal pathology other than hypervascular tumors. Increasing Erythema, Abscess, infection, sepsis, Leukocytosis, Abdominal pain, distention, obstruction, Acute sided abdominal TTP, Fournier's gangrene, Pancreatitis (chronic or Necrotizing), Abdominal wall drainage, fistula, Nausea, vomiting, Chron's with acute pain/complication	Portal Venous	Oral	Thi
Abd/Pelvis- Bariatric protocol	6.1/6.2/6.3	Post-Op Bariatric Surgery.	Without or Portal Venous	150 ml Oral	Th drin
Abd/Pelvis-Without	6.1/6.2/6.3	Used for Retroperitoneal Bleeds, or when IV contrast can not be given.	Without	Oral	For patients where it is contraindicated to get IV contrast.
Trauma - Abd/Pelvis	6.4/6.5/6.6	Emergency evaluation for aortic injury or organ disruption. Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	Portal Venous & Optional 7 min Delay	None	Emergency evaluation for traumatic organ disruption. This is usually reserved for a direct blow to the abdomen or low velocity MVA. Note: Routine creatinine cut-off for IV contrast administration does not apply in a trauma.
Penetrating Abdominal Trauma	6.4/6.5/6.6	Emergency evaluation for penetrating injury to the abdomen (i.e. knife). Routine creatinine cut-off for IV contrast administration does not apply in a trauma.	Portal Venous	Rectal	If there is concern for bowel injury due to penetrating injury (like a knife wound), rectal contrast helps identify this. Otherwise the survey looks for any other traumatic injury that we would otherwise see on the standard trauma – abd/pelvis protocol.

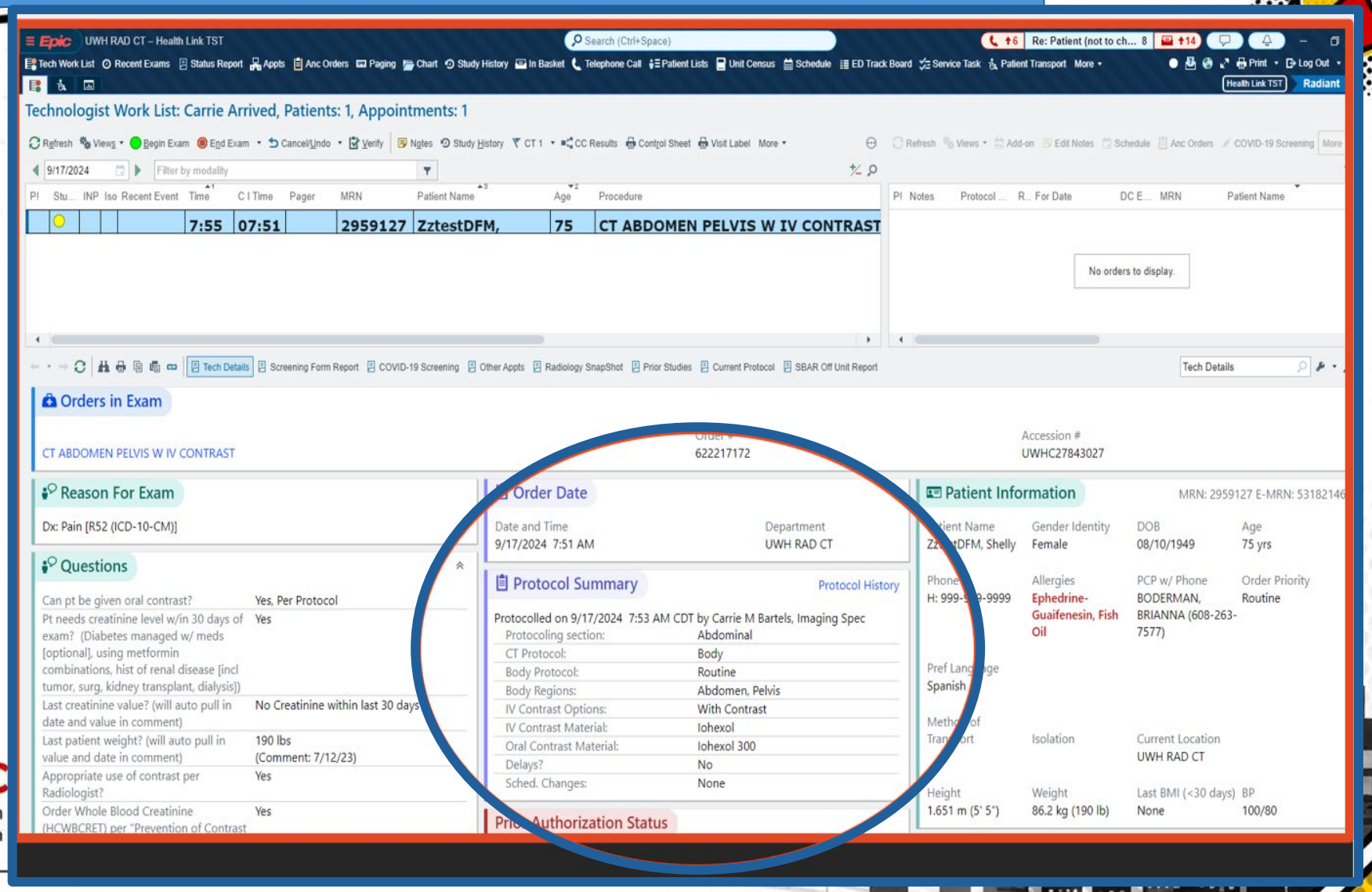
Based off indication, symptoms and history by ordering provider Radiology then picks the best suited protocol that will hopefully answer as many of those questions as possible.

After using protocoling resources, protocol is then entered in the CT order by Radiology (either Technologist or Radiologist)





Order was placed → Radiology protocoled order per patient specific indication→ Patient gets scheduled for CT → Patient comes in for CT scan.



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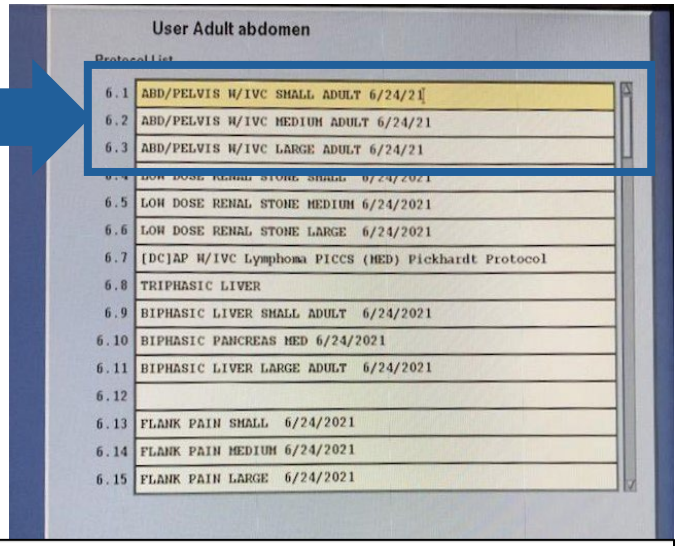
Day of CT Scan: Tech reviews the protocol in EPIC

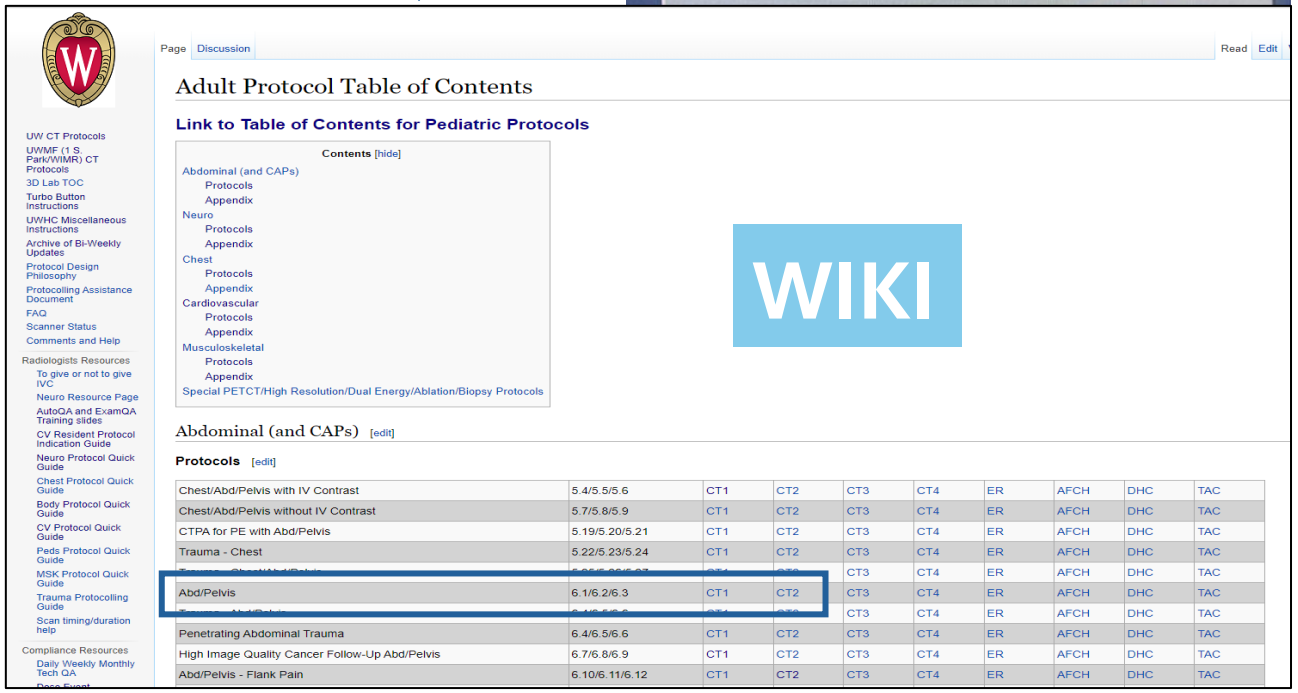
EPIC

Scanner Interface

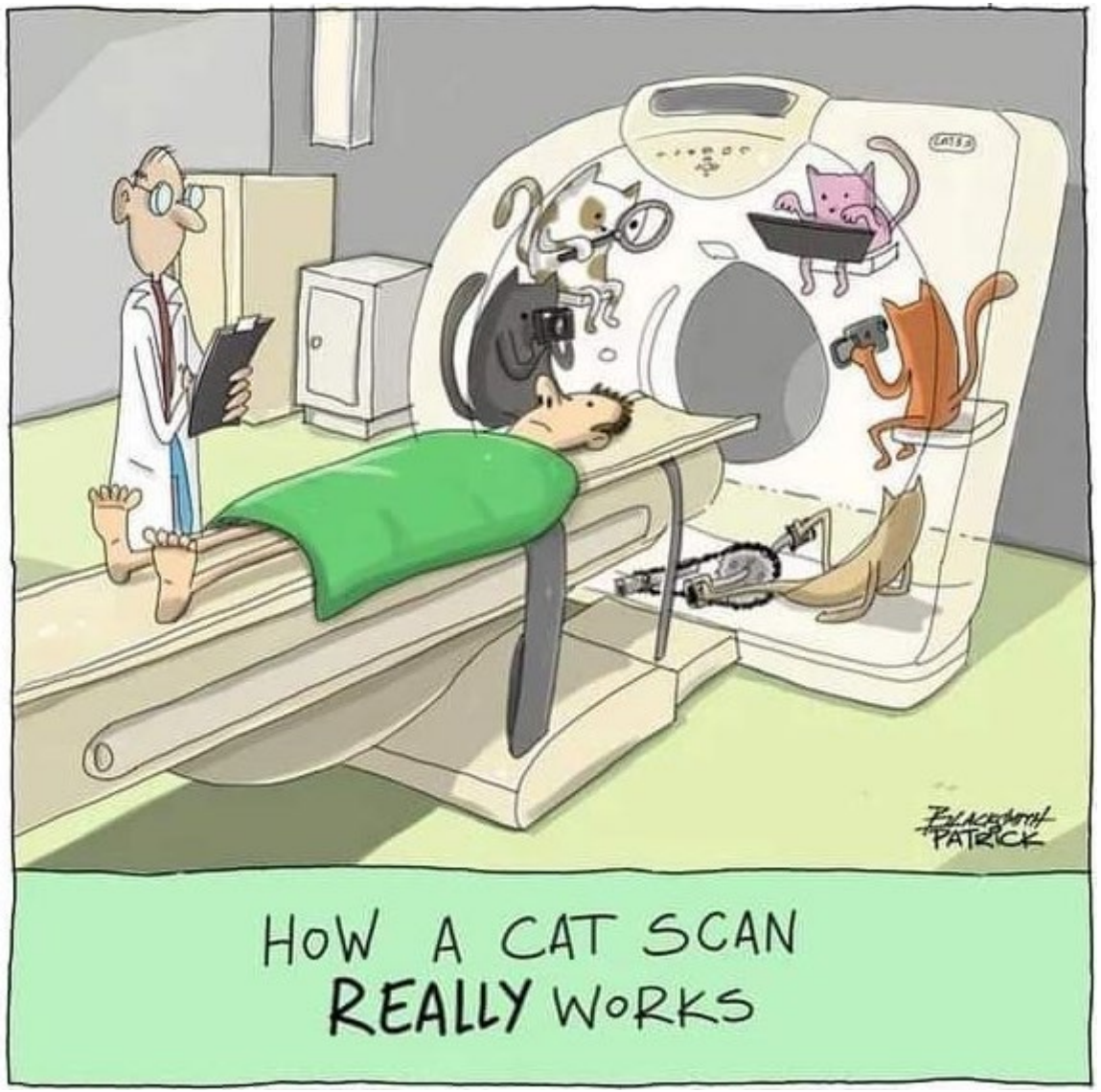


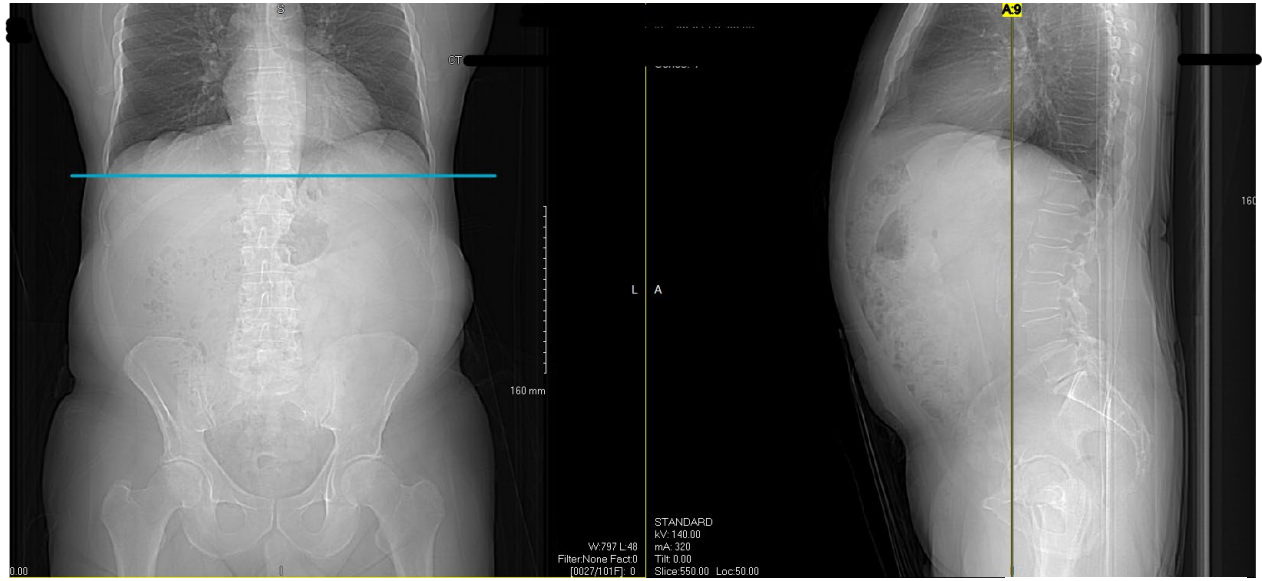
Day of technologist needs select correct protocol on scanner and on resource page based off protocol on the original order that was placed by ordering provider.

WIKI

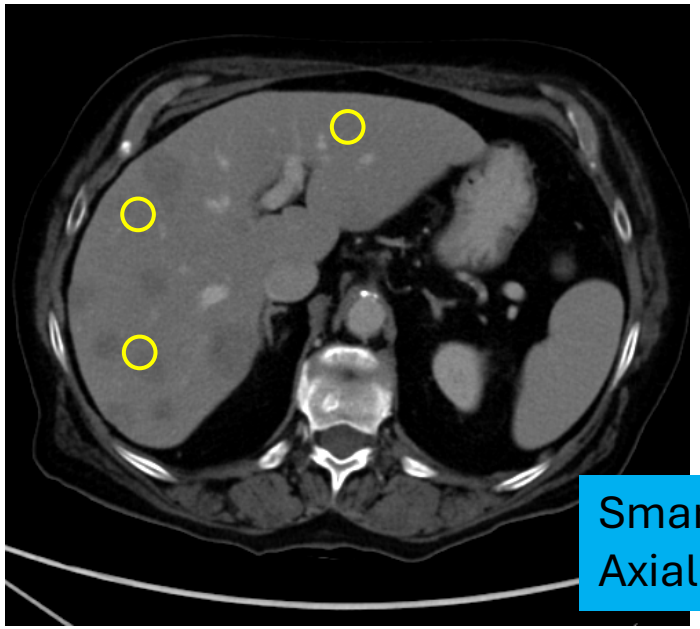


CT Scan is completed





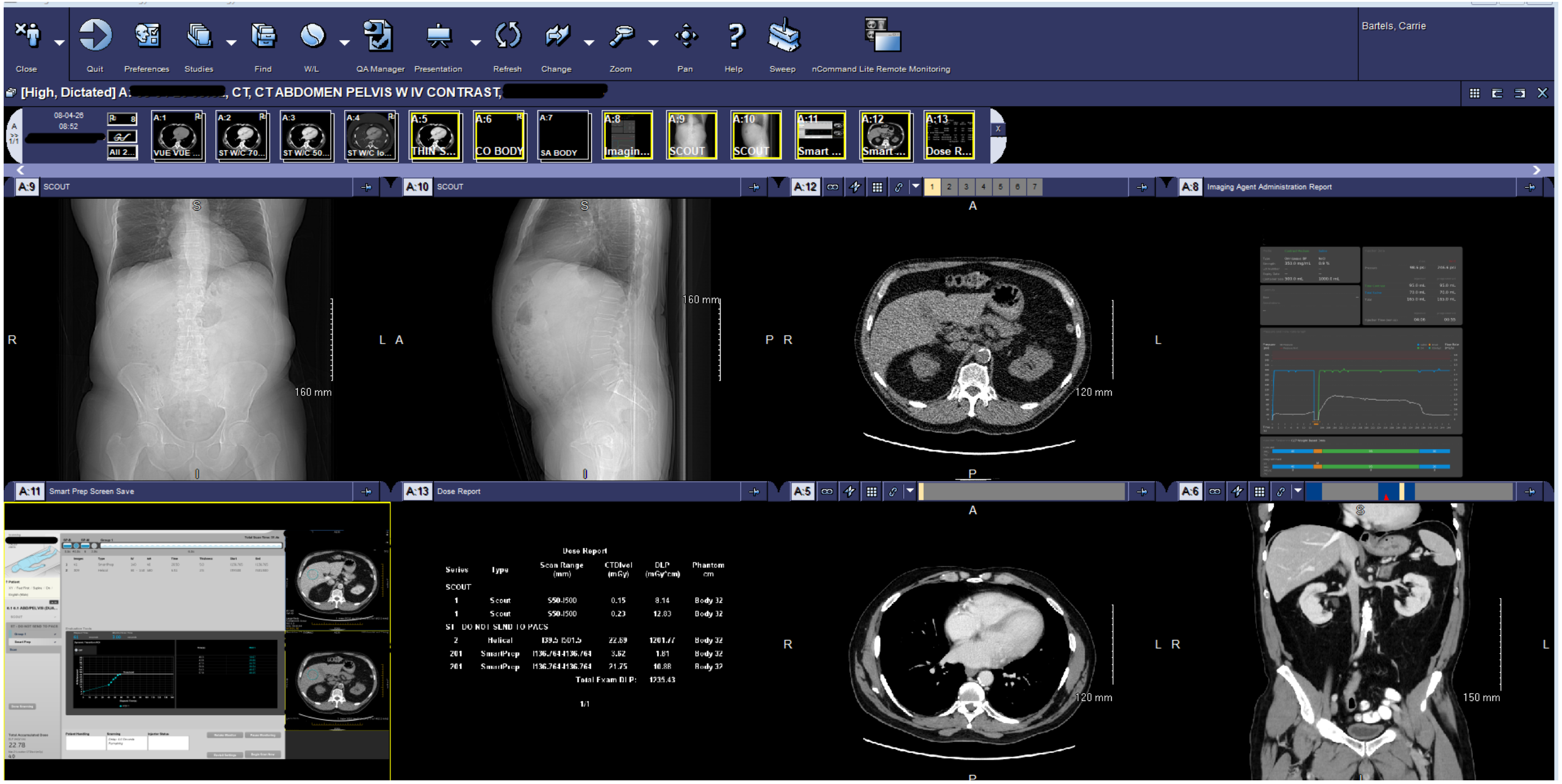
PA and Lateral Scout

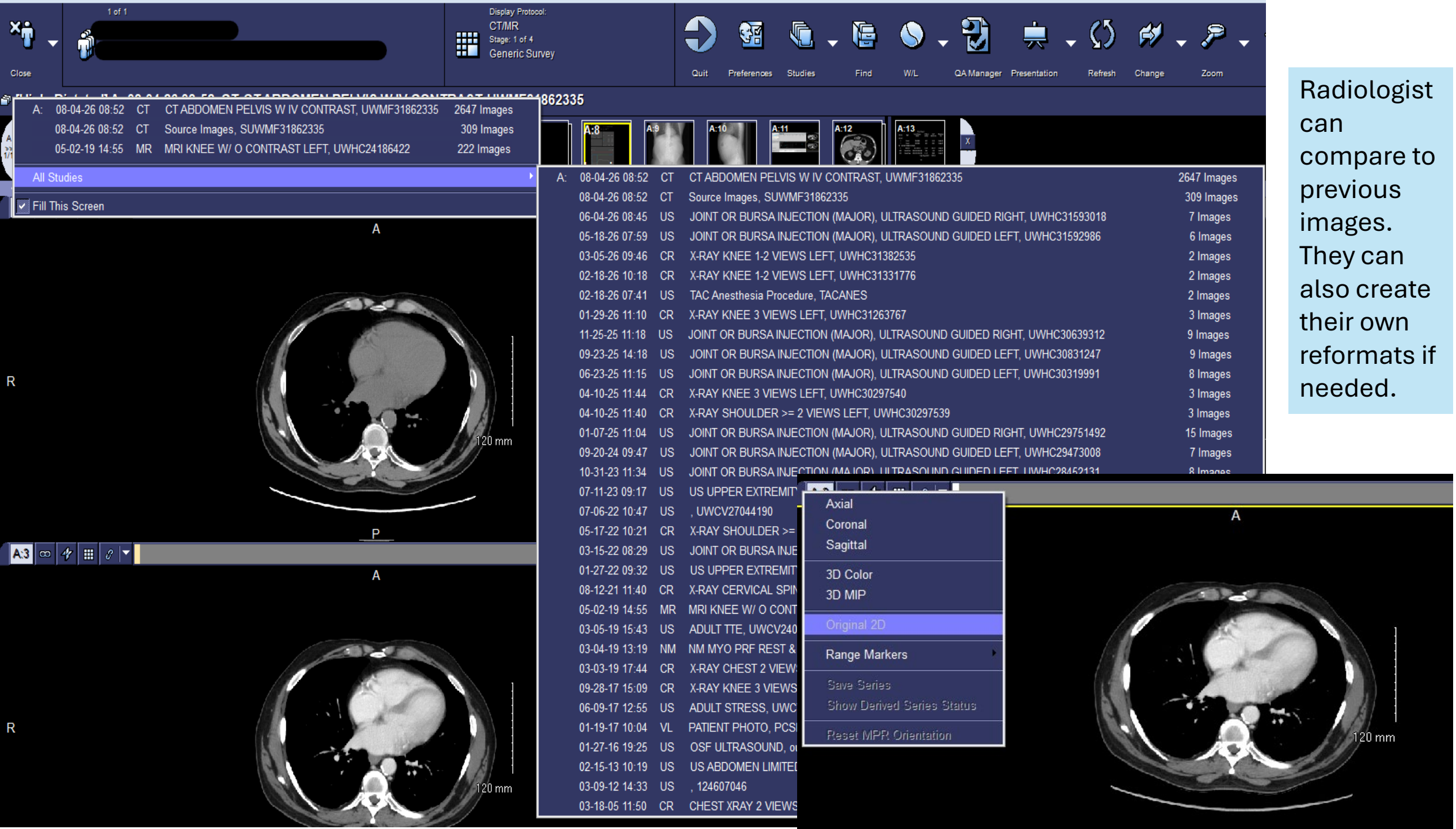


Smart prep
Axial Image

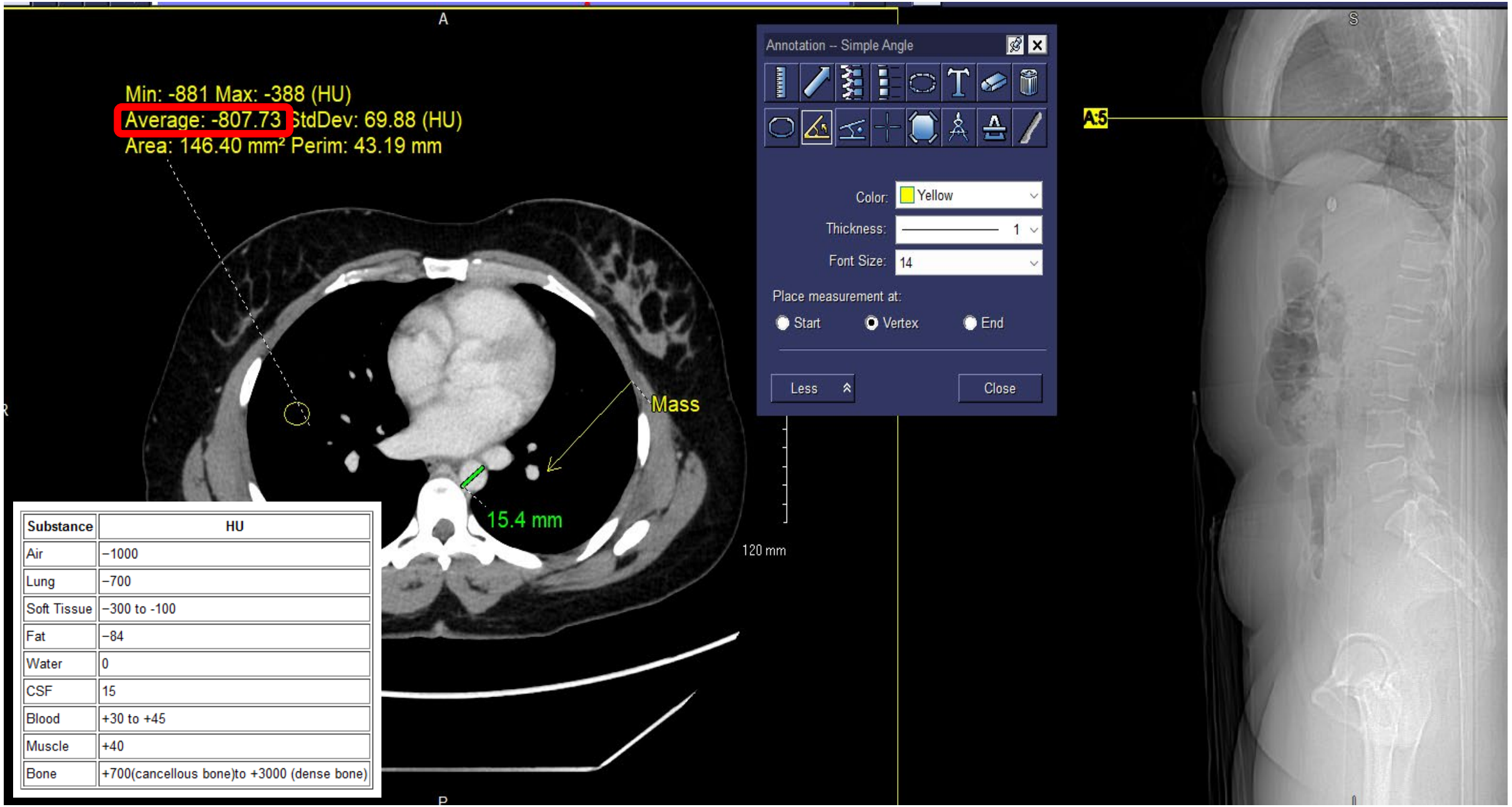
Contrast
power
injector

Send the images to PACS





Radiologist can compare to previous images. They can also create their own reformats if needed.



Substance	HU
Air	−1000
Lung	−700
Soft Tissue	−300 to -100
Fat	−84
Water	0
CSF	15
Blood	+30 to +45
Muscle	+40
Bone	+700(cancellous bone)to +3000 (dense bone)

Report View Macro Help

Documents for Patient X

CT CT ABDOMEN PELV
CT CT ABDOMEN PELVIS W I
8 CT Source Images SUV
<-RAY ABDOMEN SI
CR X-RAY ABDOMEN SINGLE
. X-RAY ABDOMEN 2 V
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US US ELASTOGRAPHY
US US ELASTOGRAPHY W/A
CT OSF CT ABDOMEN C

Report Title: CT CT ABDOMEN PELVIS W IV CONTRAST

CLINICAL INFORMATION: Abdominal pain and distention. History of IBD status post colectomy and recent colostomy takedown on 7/29/2026

COMPARISON: 6/4/2022

TECHNIQUE: CT of the abdomen and pelvis with intravenous contrast.

FINDINGS:

LOWER CHEST: Trace pleural effusions and compressive atelectasis.

LIVER AND BILIARY: Normal liver morphology and enhancement. The gallbladder is normal.

PANCREAS: Normal.

SPLEEN: Normal.

ADRENALS: Normal

KIDNEYS, URETERS, AND BLADDER: Symmetric renal enhancement. No hydronephrosis. Normal bladder wall contours.

GI TRACT AND PERITONEUM: Postoperative changes following a partial colectomy and recent colostomy takedown with edematous appearance of the anastomosis
extraluminal air adjacent to the anastomosis. Fluid-filled and mildly dilated appendix measuring 9 mm. Dilated fluid-filled loops of small bowel withou
point likely represents ileus. Small volume free fluid tracking in the pelvis. Postoperative pneumoperitoneum.

VASCULATURE: Portal, splenic, superior mesenteric veins are patent. Nonaneurysmal abdominal aorta.

LYMPH NODES: Prominent mesenteric lymph nodes are likely reactive.

REPRODUCTIVE ORGANS: Uterus is present.

MUSCULOSKELETAL: No acute or aggressive osseous abnormality.

IMPRESSION:
1. Postoperative changes following a partial colectomy and recent colostomy takedown with edematous appearance of the anastomosis site. There is free
anastomosis. While this and the more extensive pneumoperitoneum may all be post-operative, the findings are equivocal for an anastomotic leak.
2. Multiple dilated loops of small bowel without transition are most consistent with ileus.
3. Minimally dilated appendix is likely reactive.

Author:

QA Case - Open

Details

- **Submitter:**

- **Site:**

UWHC

Exam & Patient Details

Procedure Description:	CT HEAD W/ O IV CONTRAST
Modality:	Computed Tomography
Accession:	
Patient ID:	
Date of Birth:	
Is Pediatric?:	false
Exam Date:	
Body Part:	HEAD
Technologist:	
Patient:	

Issue Flags

- Excessive Image Noise

QA placed by the radiologist used for education so we can change the protocols or send out additional education materials.

Additional Information in PACS

DICOM Header Viewer

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Tag	Description	Value	Representation/Size
0008 0030	ID Study Time	[redacted]	TM/4
0008 0031	ID Series Time		TM/4
0008 0032	ID Acquisition Time		TM/4
0008 0033	ID Image Time		TM/4
0008 0050	ID Accession Number		SH/13
0008 0050	ID Accession Number		SH/13
0008 0060	ID Modality	CT	CS/3
0008 0070	ID Manufacturer	GE MEDICAL SYSTEMS	LO/19
0008 0080	ID Institution Name	UW Hospital and Clinics	LO/25
0008 0081	ID Institution Address	600 Highland Ave Madison, WI 53792	ST/35
0008 0090	ID Referring Physician's ...	[redacted]	PN/7
0008 0090	ID Referring Physician's ...		PN/7
0008 0090	ID Referring Physician's ...		PN/2
0008 0090	ID Referring Physician's ...		PN/2
0008 1010	ID Station Name	hdct4	SH/7
0008 1030	ID Study Description	CT ABDOMEN PELVIS W IV CONTRAST	LO/33
0008 103e	ID Series Description	ST	LO/3
0008 1090	ID Manufacturer's Model ...	Discovery CT750 HD	LO/19
0008 1110	ID Referenced Study Se...	[redacted]	SQ/1
0008 1110	ID Referenced Study Se...		SQ/1
0008 1140	ID Referenced Image Se...		SQ/1
0008 1150	ID Referenced SOP Clas...		UI/25

Close

C-TEC
CT Education
Collaboration

Results

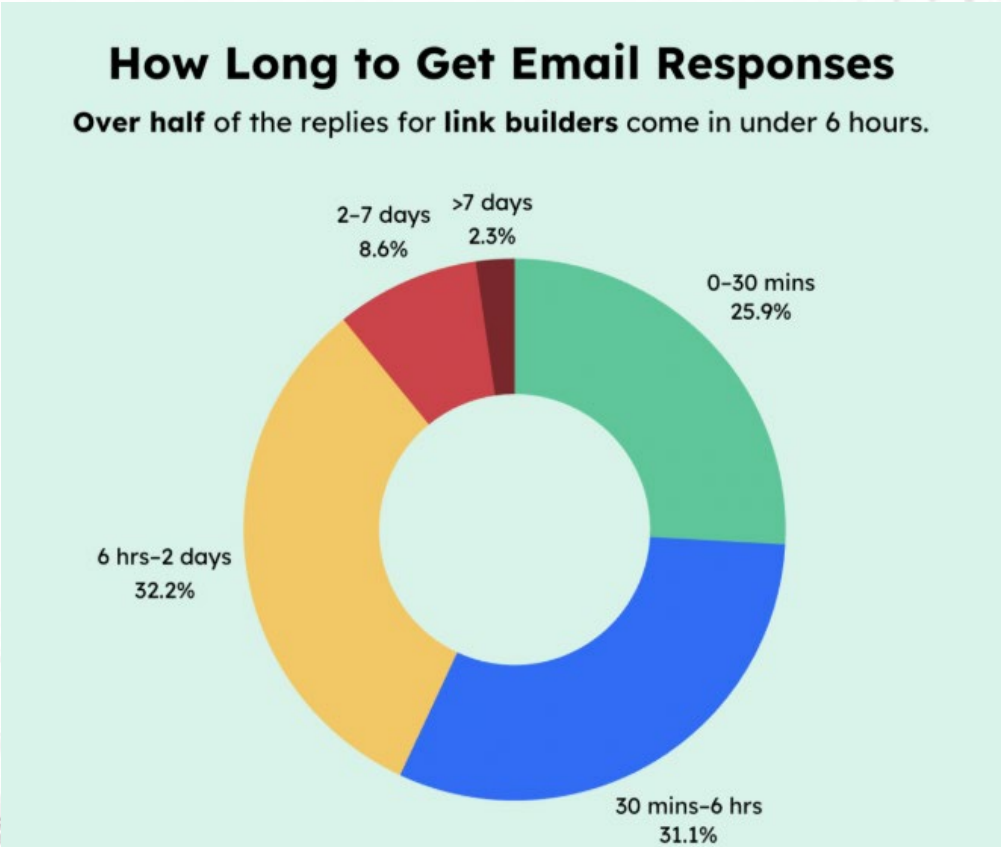
Ordering Physician can select this option when they place the CT order.

Release to patient | Immediate | Manual release only

Will this patient be admitted post procedure?

Yes | No

C-TECC
CT Education and Collaboration Collective



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The University of Wisconsin-Madison (UW) CT protocols were created so that you not only image *gently*, but you also image *well*. This effort combines the expertise of UW radiologists, physicists, and CT technologists with ISO quality consultants, GE CT engineers and their application specialists.

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General Resources

Radiologist and Technologist

- UW Quick Protocolling Guide →
- Positioning Guidance →
- Reducing Streak Artifact in the Torso →
- UW Protocol Sizing (S/M/L) Instructions →
- Metal Artifact Reduction Guidance →
- Avoiding Eye Lens on Head CT →
- Pediatric Patients and Hyperdrive →
- CT Education →
- GSI Tips and Tricks →
- GSI Head Post Process AW Instructions →
- GSI Head Post Process Scanner Instructions →

Scanner Programming

- UW Dose Check Manual →
- UW Vendor Neutral Series Naming/Description Manual →
- Scout Ranges and Anatomical Reference Guide →
- Scout Parameters →
- Direct Multi-Planar Reformat (DMPR) Protocols →
- ASiR, ASiR-V, and DLIR compatibility of UW CT Protocols →
- Saving old protocols and loading new protocols: A how-to manual →
- Work around for Trialing Multiple UW Protocols →

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- Protocol Manuals
- Protocol Approach
- UW Protocol Restore Manual

Protocol Manuals

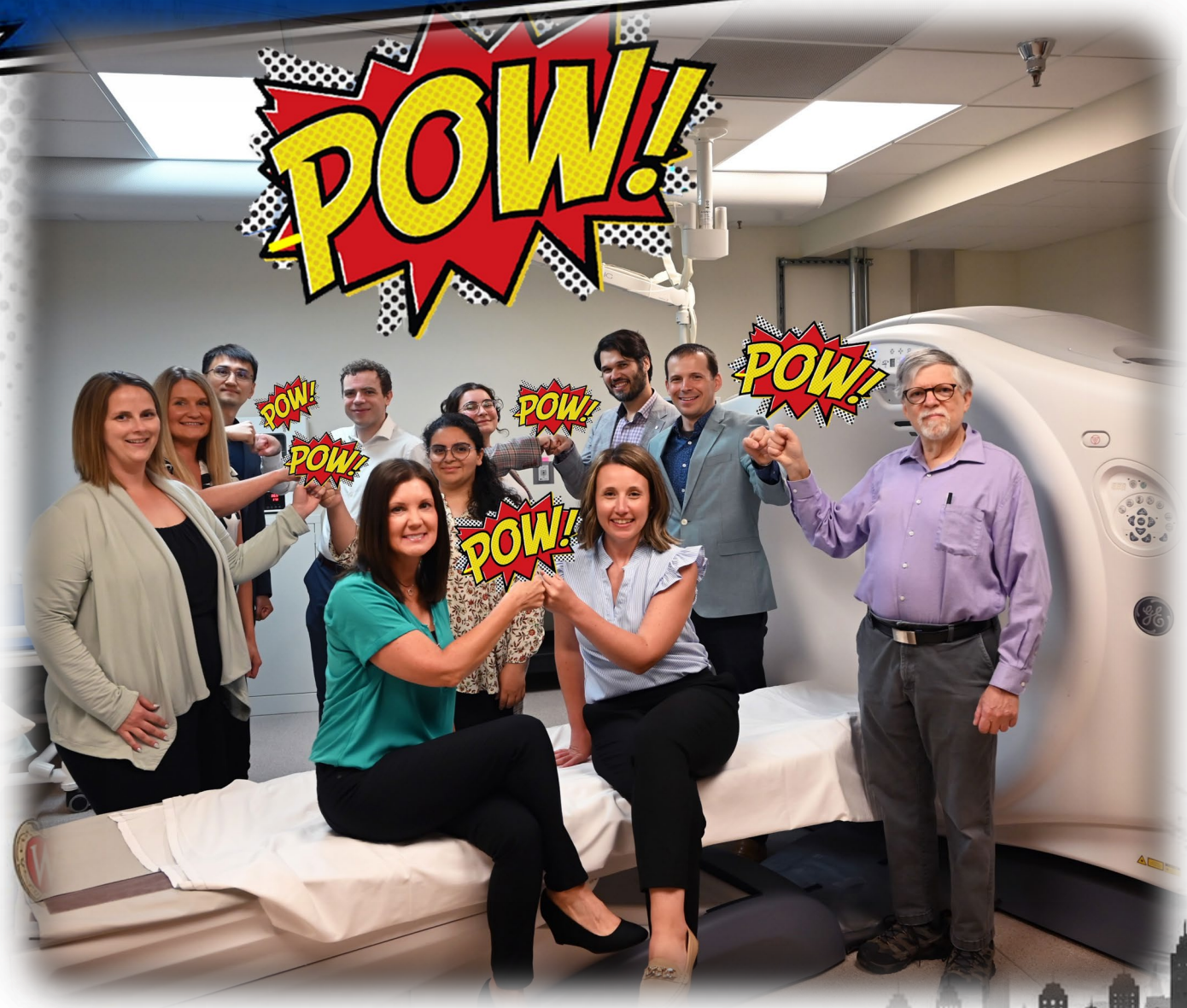
Below we share protocol manuals for all UW validated GE CT scanner models. We recommend downloading and implementing the highest version number provided for your specific scanner. Between version releases we implement societal recommendations and advisory board suggestions, so the latest version represents what we believe are the best CT protocols. Within each manual, you will find a detailed listing of the changes between each version.

Reach out to your GE application's specialist if you want to implement more than a few protocols. Manual entry of all our CT protocols (~300) for a single scanner would take you roughly 16 hours and mistakes could lead to poor quality studies or radiation issues. GE can provide you with a USB stick allowing you to instantly upload our protocols to your scanner using the step-by-step instructions listed in the UW Protocol Restore Manual. Additionally, GE now offers the Imaging Protocol Manager (IPM™) tool. It has a cloud based "share" feature allowing you to download these protocols directly onto your scanner.

Note, to properly program the "scout" phase of our CT protocols, please refer to this manual Scout Ranges And Anatomical Landmarks.

Scanner Manual Title	Version 2 (2016)	Version 3 (2017)	Version 4 (2018)	Version 5 (2019)	Version 6 (2020)	Version 7 (2021)	Version 8 (2022)	Version 9 (2023)	Version 10 (2024)	Version 11 (2025)
Revolution Frontier ES, Revolution Discovery CT, Revolution HD, Discovery CT, Discovery CT750 HD	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
Revolution EVO 64 ch with ASiR-V	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
Revolution EVO 64 ch with ASiR, Optima 660	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
Revolution EVO 32 ch with ASiR, Optima 660S	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
LightSpeed VCT		PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
Optima CT580W			PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF
Discovery IQ PET-CT			PDF	PDF	PDF	PDF	PDF	PDF	PDF	PDF

Thank you for joining!



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