

**Birkbeck/UCL MRI Centre Form 4**  
**Report of Research Subject Peripheral Nerve Stimulation**

Note: scanner operator must alert the Centre Director via telephone or email  
(f.dick@bbk.ac.uk) as soon as possible.

Report Date \_\_\_\_\_ Date of scan \_\_\_\_\_

Scanner Operator \_\_\_\_\_

Subject Age \_\_\_\_\_ Subject Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

Exam Number \_\_\_\_\_ Series Number \_\_\_\_\_

Pulse sequence name: \_\_\_\_\_

TR (ms) \_\_\_\_\_ TE (ms) \_\_\_\_\_ FOV (cm) \_\_\_\_\_

Slice Thickness (mm) \_\_\_\_\_ Interslice Spacing (mm) \_\_\_\_\_

Slew Rate (T/m/s) \_\_\_\_\_ Frequency Encoding Direction (circle one): RL, AP, SI

dB/dt (T/s) \_\_\_\_\_

**Stimulation Severity:**

*(1=very mild, 2=mild, 3=uncomfortable, 4=very uncomfortable)*

List any possible causes (e.g. subject clasped hands, damp clothing):

Stimulation Description and Location: