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: