 FSU MRIF Event Reporting Form

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| Date of event: |  | Time of Event: |  |

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| Information on person making report | |
| Name: |  |
| Email Address: |  |
| Phone Number: |  |
| Department/School |  |

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| Information on whom the report is about | |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Phone Number |  |
| Relationship to FSU (Faculty/Staff/Student/Research Subject): |  |

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| Information on scan being run | | | |  | | |
| Was a scan being run at the time the incident occurred (YES/NO): | | | |  | | |
| Name of the exam task card: | |  | | | | |
| Series number: | |  | | | | |
| Series Name: | |  | | | | |
| Type of sequence (GRE/SE/TSE/FSE/EPI/DTI/IR/Spectroscopy/Other (Specify)): | | | |  | | |
| TR: |  | | **TE:** |  | **FOV:** |  |
| Slice Thickness (mm) |  | | | Slice Gap (%): |  | |
| Slew Rate (T/m/s): |  | | | Freq. Encoding Direction (RL, AP, IS) |  | |

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| Event Severity | |
| (1=very mild, 2=mild, 3=uncomfortable, 4=very uncomfortable): |  |

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| Event Description (Continue on extra sheets as needed) |
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