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PART FAILURE FORM

Company Name: _____ Date: _____
Point of Contact: _____ Telephone: _____
Coil Description: _____ Email: _____
Coil Part Number: _____ MRI System: _____
Coil Serial Number: _____ System field strength: _____

Issues associated with this coil: (check all that apply)

MECHANICAL
 Housing Output cable Connector Other

WILL NOT SCAN
 TR Driver Fault Loss of signal Coil ID

SNR
 Grainy Image Poor contrast

LOW SIGNAL
 Channel _____ SNR Value _____ Specification _____

ARTIFACT
 Localized Bright area Dark hole Shading

System/Component error code _____

Is the problem intermittent? YES NO

If problem effected by temperature? YES NO

Brief description of part failure: