

Siemens Medical Solutions USA, Inc. 221 Gregson Drive, Cary, NC 27511

**Customer:** BRIGHAM AND WOMENS HOSPITAL

**Customer PO:**

**PO Date:**

**City:** BOSTON

**Contract#:** 0035246625 **Contract End date:** 31-DEC-2024

**State:** MA

**X-Ray Registration Number:** N/A

CSE Name		Employee#	Notification#	Func.Loc.#	System Description	Room#	
KOPF,JOHN		29955	400112637806	400-289785	SOMATOM Definition AS	L1-CT2	
SVC Arri Date/Time/Day	SVC Comp Date/Time/Day	Effect	Cause Code	S/W Level	Counter	GTIN / Model #	Serial#
06/03/2024 12:39 Monday	06/03/2024 20:43 Monday	1	6000			4056869003665	64081

**Symptoms Reported / Reason for Service**

Received message to shut system down and have attempted 3 times to reboot system and gantry will not initialize. ...System available date (CLT): 03-Jun-2024, 11:14 (see overflow on next page)

**Corrective Action / Service Performed**

DC-LINK power supply failed. This caused gantry to not initialize. Determined fault, ordered parts. Installed parts upon arrival. Tested system. Notified staff system was ready for use.

**Repair Hours Breakdown**

	Covered hours	Non-Covered hours
Regular	8.00	0.00
Overtime	0.00	0.00
Double Time	0.00	0.00

**Report Sent to following Fax / Email:**

none@siemens-healthineers.com  
ibwh5@bwh.harvard.edu  
JOHN.KOPF@SIEMENS-HEALTHINEERS.COM

#	Qty	Part # Installed	S/N In	Description	Type	Qty	Part # Removed	S/N Out
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

#	Test Equipment Used	Description	S/N	Calibration Expiration
1.	42384-25788	T&T Multimeter/DVM, Fluke 87	51710031	03/13/2025
2.				
3.				
4.				
5.				

**Indicate system was properly functioning and include test & inspection data, if applicable**

Tests, checks, inspections and/or repairs have been performed in accordance with the specific service task. The system is functioning properly based upon completion of the specific service task undertaken by Siemens.

**This is not an Invoice**

Your final invoice will reflect pricing based on your specific Service Agreement coverage and/or Labor Rates including the application of the Flat Travel Fee (FTF).

**Customer Signature**

(Acknowledgement of Services Rendered)

**Date** 06/03/2024

**Dept/Title**

Did you know that you can download copies of your service reports from our online customer service portal, **teamplay Fleet?** Go to [fleet.siemens-healthineers.com](http://fleet.siemens-healthineers.com) to register or login

Please contact the **Siemens Healthineers Customer Care Center** for any service needs or other assistance. Call 1-800-888-7436 and follow the prompts for your desired selection.

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**Symptoms Reported / Reason for Service**

\*T Customer Contact:  
Lindsey Jacobs  
\*T Customer Phone:  
+(617)602-2010  
\*T Customer Phone Ext:  
\*T Customer Cell Phone Number:  
\*T Customer Email:  
ljacobs8@bwh.harvard.edu  
\*T Preferred Communication:  
\* Preferred communication method is email  
\*T Application:  
\*T Software Version:  
\*T Time Zone: