





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			oyee#	Notif	fication# Func.Loc.#		Syst	em Description	Room#		
KOPF,JOHN		29955		40011	2639450	400-2	289785	SOMATOM Definition AS			L1-CT2
SVC Arri Date/Time/Day	SVC Comp Date/Time/Day	Effect	Cause	Code	S/W Leve	el	Counter		GTIN / Model # Serial#		
06/05/2024 07:24 Wednesday	06/05/2024 10:24 Wednesday	2	1027						4056869003665	64081	

Symptoms Reported / Reason for Service

What	is the	prob	lem:
ICS bo	oot		

Corrective Action / Service Performed

Returned to site to monitor system operation. After observing function took unused part to fedex for return

Repair Hours Breakdown

	Covered hours	Non-Covered hours
Regular	3.00	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	Туре	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.				
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 Date 06/05/2024

(Acknowledgement of Services Rendered)

Dept/Title