SIEMENS Healthineers

Siemens SERVICE 1(800)888-7436

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# Notifica | | | Fund | unc.Loc.# System Description | | | | Room# |
|-------------------------------|------------------------------|--------|--------------------|-------|----------|-------|---------------------------------|--|------------------------|-------|--------|
| KOPF, JOHN | | | | 40011 | 2750324 | 400-2 | 00-289785 SOMATOM Definition AS | | | | L1-CT2 |
| SVC Arri Date/Time/Day | SVC Comp Date/Time/Day | Effect | Cause | Code | S/W Leve | | Counter | | GTIN / Model # Serial# | | |
| 08/07/2024 19:15 Wednesday | 08/08/2024 00:19 Thursday | 2 | 1053 | | | | | | 4056869003665 | 64081 | |

Symptoms Reported / Reason for Service

No power to gantry. Table is unlocked.

Corrective Action / Service Performed

initial diagnosis was PDC XGS. After replacing XGS. After replacing the XGS addictional issues were found. Ordered parts for AM delivery. Will return with parts around 11AM

Repair Hours Breakdown

| | Covered hours | Non-Covered hours |
|-------------|------------------|----------------------|
| Regular | 5.50 | 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

System requires a follow-up visit to fully comply with manufacturer's specifications.

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 08/08/2024

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 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.