





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#	Notification# Func.Loc.#		System Description			Room#		
KOPF,JOHN			29955 400112750324 400-289785 SOMATOM Definition AS		ATOM Definition AS		L1-CT2				
SVC Arri Date/Time/Day SVC Comp Date/Time/Day		Effect Cause Code S/W Lev		S/W Leve	el	Counter GTIN / Model #		GTIN / Model #	Serial#		
08/08/2024 12:54 Thursday	08/09/2024 01:00 Friday	2	1053						4056869003665	64081	

Symptoms Reported / Reason for Service

No power to gantry. Table is unlocked	No	power	to	gantry.	Table	is	unlocked	d.
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Corrective Action / Service Performed

Continuina	troubleshooting t	o rocolvo	multiply	ioou oo with	avatam M	lill roturn	with norta	in marnina
Continuina	troubleshooting	lo resolve	mullibiv	issues with	System, vv	ıllı return v	with parts	in momina.

Repair Hours Breakdown

	Covered hours	Non-Covered hours
Regular	12.00	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

C,	ctom	roquiroc	a follow up	vicit to full	v comply	/ with	manufacturer's	cnocifications
0	y Stelli	requires	a lulluw-up	visit to ruii	y Compry	/ VVILII	illallulaciulei 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 Date 08/09/2024

(Acknowledgement of Services Rendered)

Dept/Title