

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	400112750324	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#
08/09/2024 11:03 Friday	08/09/2024 13:00 Friday	2	1053			4056869003665	64081

**Symptoms Reported / Reason for Service**

No power to gantry. Table is unlocked.

**Corrective Action / Service Performed**

Initial diagnosis indicated XGS failed. After replacment of XGS symptoms changed. During Trouble shooting process F1 breaker started to trip\ Found K2 defective. Replaced KC and F1 ceased tripping. Continued trouble shooting and observed UMAS errors. Replaced UMAS but gantry continued to shutdown in startup. Replaced the recently replaced XGS, system behavior changed. For first-time firmware download and table updates passed. Eventually system reached standby and was ready for checkup. Ran check-up and returned system to production.

**Repair Hours Breakdown**

	Covered hours	Non-Covered hours
Regular	2.00	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.	1	10354266	8137	UMAS2A	CONTRACT	1	10354266	1508
2.	1	11425133		Relay, AC 230VAC 2CO 8A 250V	CONTRACT	1	11425133	
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**

(Acknowledgement of Services Rendered)

**Date** 08/09/2024

**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.