

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 | 400112524442 | 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# |
| 09/04/2024 17:51 Wednesday | 09/04/2024 18:30 Wednesday | 2 | 3030 | | | 4056869003665 | 64081 |

Symptoms Reported / Reason for Service

Issues querying HIS/RIS, unable to send images to PACS from scanner console. Previous ticket 400112495505 for same issue. ..System available date (CLT): 28-Mar-2024, 17:00 (see overflow on next page)

Corrective Action / Service Performed

This has been an ongoing issue since ICS tower was replaced. The hospital IT Security exception rules are MAC based. The MAC address changed when the tower was replaced. The IT department has the MAC but has not updated their exception list. This is a hospital issue and cannot be resolved by Siemens

Repair Hours Breakdown

| | Covered hours | Non-Covered hours |
|-------------|---------------|-------------------|
| Regular | 0.50 | 0.00 |
| Overtime | 0.00 | 0.00 |
| Double Time | 0.00 | 0.00 |

Report Sent to following Fax / Email:

siemens@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. | | | | |
| 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 09/04/2024

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.

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*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: