



A Brand of the Philips Company Group  
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**Shaded areas require mandatory information!**

RA # \_\_\_\_\_

**A) QUALIFIED SERVICE PROVIDER INFORMATION**

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year

\_\_\_\_\_  
 Company State / Country Telephone Email

**B) CUSTOMER INFORMATION**

\_\_\_\_\_  
 Equipment Manufacturer

\_\_\_\_\_  
 Site Name (please print)

\_\_\_\_\_  
 Equipment Model

\_\_\_\_\_  
 Scanner/Gantry Serial Number

\_\_\_\_\_  
 City State Zip Country # Detector Rows

**C) PRODUCT INFORMATION**

Failed product (please mark):  X-Ray Tube Assembly  Powerblock (PB)  Deflection & Interface Unit  HV Cable  
 Cooling Unit (CLU)  Anode Drive Unit  Fan Unit - CLU / PB  Control Cable

|                   | Installation Date | Replacement Date | Product Code (12NC) | Product Serial Number (S/N) |
|-------------------|-------------------|------------------|---------------------|-----------------------------|
| Failed item:      |                   |                  |                     |                             |
| Replacement item: |                   |                  |                     |                             |

**D) COMPONENT OPERATION**

Technique used most often: \_\_\_\_\_

Technique used at time of failure: \_\_\_\_\_

Line Voltage: \_\_\_\_\_

Line Frequency:  50 Hz  60 Hz

Identify units of operation (please mark):  
 Exposures  Slices  Patient Exams  
 Scan Seconds  Milli Ampere Seconds  
 Ending Counter reading: \_\_\_\_\_  
 Beginning Counter reading: \_\_\_\_\_  
 Total Used: \_\_\_\_\_

**E) REASON FOR RETURN**

Unused / Not needed  Wrong product  Defect  Warranty evaluation  Housing credit  Other

**F) FAILURE MODE**

Identify failure mode / defect (please mark):  
 No operation  HV instability  Audible noise  Deformation  
 No power  mA instability  Cooling hose  Loosening  
 Communication  Large filament  Coupling  Fan  
 Cable  Small filament  Medium leakage  Upgrade  
 Connector  Frozen anode  Shipping damage

Please describe if any of these exist:  
 Tilt related  Heat related  Image Quality  
 Other

Description: \_\_\_\_\_

Is the failure intermittent?  yes  no

I certify that the component has been installed, inspected and tested with the manufacturer's instructions and procedures:

\_\_\_\_\_  
 Signature of Service Technician Date

**FOR INTERNAL USE:**