X射线管组件退还表单
X-RAY TUBE HOUSING ASSEMBLY (THA) RETURN FORM

DUNLEE
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退还授权号/RA# _____

A. 合格维修机构资料/QUALIFIED SERVICE PROVIDER INFORMATION

姓名/Name *(please print)* | 员工序号/Employee # | 年/Year 月/Month 日/Day

公司/Company 省/State / 国家/Country | 电话号码/Telephone # ( ) | 传呼机号码/Pager # ( )

B. 用户资料/CUSTOMER SITE INFORMATION

用户名称/Site Name *(please print)* | 电话号码/Phone # ( ) | 设备制造商资料/Equipment Manufacturer

地址/Address | 用户ID号码/Site ID# | 设备类型/Equipment Model

国家/Country | CT扫描仪/机型型号(只限CT) Scanner/Gantry Serial # (CT ONLY)

应用/Application: ☐X射线/Radiograpic ☐X射线断层扫描/CT ☐心血管/CV ☐其他/Other _____ | 探测器排数(只限CT) # Detector Rows (CT ONLY)

C. 产品资料/Product Information

	安装日期/Date Installed	拆卸日期/Date Removed	X射线管组件类型/THA Type	射线管组件序号/THA SN #	球管类型/Tube Type	球管序号/Tube SN #
旧产品 Old Product						
新产品 New Product						

D. X射线管组件操作/X-RAY TUBE HOUSING ASSEMBLY OPERATION

最常用的技术参数/Technique used most often: 千伏/kV _____ 毫安/mA _____ 时间/Time _____

出问题时的技术参数/Technique at time of difficulty: 千伏/kV _____ 毫安/mA _____ 时间/Time _____

阳极转速/Rotor Speed: 50 Hz ☐ 60 Hz ☐ 其他: 150 Hz ☐ 180 Hz ☐ _____ Hz ☐

只限CT/CT ONLY

鉴定计量单位/Identify units of measure

曝光/Exposures ☐
扫描/Scans ☐
层数/Slices ☐
扫描秒数/Scan Seconds ☐
AMP秒数/AMP Seconds ☐
mA秒数/Milli AMP Seconds ☐
病人检验/Patient Exams ☐

结束时计时器读数 Ending Counter Reading

开始时计时器读数 Beginning Counter Reading

总使用数/Total Used

E. 退还原因/REASON FOR RETURN

☐ 未使用/不需要/Unused/Not Needed ☐ 质保评估/Warranty Evaluation ☐ X射线管套信用/Housing Credit ☐ 重装 (非CT)/Reload (Non CT)
☐ DOA (抵达后有缺陷)/DOA(Defect On Arrival)

F. 故障模态/FAILURE MODE

☐高压电不稳定/HV Instability
☐电流不稳定/MA Instability
☐漏油/Oil Leak
☐升级/Upgrade
☐异常噪声/Audible Noise
☐换热器/Heat Exchanger
☐运输损坏/Shipping Damage
☐ 转子卡住/Frozen Rotor
☐ 灯丝故障/Filament Fault
(请选择一/Please indicate one)
☐倾向相关(说明)/Tilt Related (Describe)
☐影像品质(说明)/Image Quality (Describe)
☐其他(说明)/Other (Describe)
描述或评论/Description or Comments:

☐是/Yes ☐否/No 故障是否间断性的/Is the failure intermittent?

☐是/Yes ☐否/No 故障是否与热有关?/Is the failure heat related?

☐是/Yes ☐否/No 在先前的X射线管组件是否有发生相同的故障/Has the failure been reported on previous X-Ray Tube Housing Assembly?

如有/If yes: 年/Year 月/Month 日/Day _____ X射线管序号/X-Ray Tube SN _____ 曝光次数/No. of Exposures

我证实该球管的安装，检查，和测试是按厂商的说明程序所完成：
I certify that the tube has been installed, inspected and tested with the manufacturer's instructions and procedures:

设备维修工程师签名/Signature of Field Service Engineer _____ *日期/Date* _____

请将填好的表格随球管一并返回
Return this Form With Product

必填资料-请确实填写
Required Information-Please Complete

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