

Surgical C-arms/Dedicated Urology Systems

Modality:	<input checked="" type="checkbox"/> AT <input type="checkbox"/> XP
Manufacturer: *	<input type="text" value="Siemens"/>
Equipment Name *	<input type="text" value="Avantic"/>
Date of Manufacturing (mm/yyyy): *	<input type="text" value="August 2008"/>
FL Number:	<input type="text"/>
Facility Name: *	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text"/>
Government Facility: *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Access to Site: *	<input checked="" type="checkbox"/> Normal Work Hours (8am – 5pm M-F) <input type="checkbox"/> Weekends, after hours, holidays
Crane Required: *	<input type="text"/>
System Location: *	<input type="checkbox"/> Basement <input checked="" type="checkbox"/> Ground Floor <input type="checkbox"/> Floor Number <input type="checkbox"/> Trailer
System Leased: *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Service Contract: *	<input type="checkbox"/> Original Manufacturer <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> No Service Contract
If Yes, Service Vendor: *	<input type="text"/>
Vendor Credentialing Required: *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Credentialing Vendor: *	<input type="text"/>
System in Good Working Condition: *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetic Appearance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Tube in Working Condition: *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Original Tube: *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Changed: *	<input type="checkbox"/> New Tube <input type="checkbox"/> Used Tube
Date of Last Tube Change (mm/yyyy): *	<input type="text"/>
Detector Size:	<input type="text"/>
Intensifier Detector Size:	<input type="text" value="13"/>
CAD:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Flat Plate Detector:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Table Elevation:

☐ Yes ☒ No

Hard Drive Removal: *

☐ Facility will remove hard drive and provide software to broker.
☒ Hard drive will go with system to broker.

Software Level: *

Additional Comments:

Includes: pulsed fluoro up to 8 Frames/second, 2 Black and White
TFT Monitors on a cart, Integrated I.I. laser aimer

De-install Date (*planned mm/yyyy*): *

December 2008