

# Computed Tomography

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Modality: *	CT
Manufacturer: *	<input type="text" value="GE"/>
Equipment Name *	<input type="text" value="Lightspeed 16"/>
Slice: *	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 32 <input type="checkbox"/> 64 <input type="checkbox"/> 128 <input type="checkbox"/> 256 <input type="checkbox"/> Dual Source
Date of Manufacturing (mm/yyyy): *	<input type="text" value="December 2002"/>
FL Number:	<input type="text"/>
Facility Name: *	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="Nebraska"/>
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 checked="" type="checkbox"/> Third Party <input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Changed: *	<input checked="" type="checkbox"/> New Tube <input type="checkbox"/> Used Tube
Date of Last Tube Change (mm/yyyy): *	<input type="text" value="February 2023"/>
Scan/Seconds on Tube: *	<input type="text" value="2,455,648 mA seconds"/>
Scan/Seconds on Gantry: *	<input type="text"/>
Dual Source (tube 2) Information:	<input type="text"/>

Cooling Type: \*

☒ Air ☐ Water *(If water, next 5 questions are required.)*

If Water Cooled:

☐ House ☐ External

Chiller Location:

☐ Roof ☐ Ground

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:

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