

System trade-in information

Hospital

Hospital name	
City	
Country	
Estimated date/month of de-installation	

System type and software

Manufacturer	
Model & type	
System serial number	
Year of manufacture	
Software level	
Options	

X-ray generation

Generator type	
Generator power	
Generator serial number	
Tube type	
Date of last tube change	
Tube serial number	

Detectors

Detector information #1:	
Year of manufacture	
Detector type	
Detector serial number	
Detector information #2:	
Year of manufacture	
Detector type	
Detector serial number	
Detector information #3	
Year of manufacture	
Detector type	
Detector serial number	

System condition

System purchased as	☐ New ☐ Refurbished ☐ Pre-Owned
System is in Good Working Order	☐ Yes ☐ No
If not, please explain:	
Overall System Condition: 1-10 (1=Poor 10=Excellent)	
Service	☐ OEM Full ☐ OEM Time/Materials ☐ 3rd Party
If possible, please provide pictures of system with generator, tubes and detectors and labels	

De-installation

System location	☐ Ground Floor ☐ Basement ☐ Upper Floor
System can be removed from the building in an easy and normal way	Yes ☐ No ☐
If not, please explain:	
Rigging is required	☐ Yes ☐ No
Loading dock is available	☐ Yes ☐ No
Crane is required	☐ Yes ☐ No