

Attention: Customer Service Dept.
RA Number: _____
Varian SLC Fax Number: 801-973-5050
Customer Fax Number: _____

Tubes must be returned prepaid with a completed Tube Service Report describing the reason for return, operating conditions, installed and removal dates in order to receive warranty consideration.

Fax this form to Varian to obtain a return authorization number.

Dealer/OEM

Name _____
Address _____
City _____ State _____ Zip _____ Country _____

Return Tube Information

Insert Model _____ Serial Number _____
Heat Exchanger Model _____ Serial Number _____
Scanner Model _____ Serial Number _____

Institution (Where Tube Installed)

Name _____
Address _____
City _____ State _____ Zip _____ Country _____

X-Ray Tube Operation or Heat Exchanger if returned separately Anode Rotation Speed

Date Removed _____ Scan Count _____ Estimated Scans @ 60 Hz _____
Date Installed _____ Scan Count _____ Estimated Scans @ 180 Hz _____
Total Scans _____

Techniques at Time of Difficulty kV _____ mA _____ Time _____

Techniques Most Frequently Used kV _____ mA _____ Time _____

Describe in detail the circumstances and reasons for the removal and return: (If the cause of failure was arcing: Describe the arcing pattern and also record the frequency of arcing) _____

Replacement Tube

Insert Model _____ S/N _____

Additional Comments _____

Person Filing Report _____
Please Print Name Telephone Date