

**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 \_\_\_\_\_  
 Generator Model \_\_\_\_\_ Serial Number \_\_\_\_\_

**Institution (Where Tube Installed):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Principal Usage:** Cine \_\_\_\_\_ Fluoro-Spot Film \_\_\_\_\_ Special Procedure \_\_\_\_\_ Remote Table \_\_\_\_\_  
 General Radiography \_\_\_\_\_ Tomographic \_\_\_\_\_ Pulsed Fluoro \_\_\_\_\_

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

Date Removed \_\_\_\_\_ Exposure Count \_\_\_\_\_ Estimated Exposures @ 60 Hz \_\_\_\_\_  
 Date Installed \_\_\_\_\_ Exposure Count \_\_\_\_\_ Estimated Exposures @ 180 Hz \_\_\_\_\_  
 Total Exposures \_\_\_\_\_

Techniques at Time of Difficulty: kV \_\_\_\_\_ mA \_\_\_\_\_ Time \_\_\_\_\_  
 Techniques Most Frequently Used: kV \_\_\_\_\_ mA \_\_\_\_\_ Time \_\_\_\_\_  
 Radiographic Technique: Max kV used \_\_\_\_\_ Max mA used \_\_\_\_\_

**Describe in detail the circumstances and reasons for the removal and return:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Replacement Tube:** Insert Model \_\_\_\_\_ S/N \_\_\_\_\_

**Additional Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person Filing Report** \_\_\_\_\_  
 Please Print Name Telephone Date