

**MAMMOGRAPHY
TUBE SERVICE REPORT**

This report is to be submitted on each x-ray tube removed from service. The information you furnish will expedite any claim or adjustment. No adjustments can be processed without this form.

Dealer/OEM: Name _____
Address _____
City _____ State _____ Zip _____ Country _____

X-Ray Tube Type _____ S/N of Tube Removed _____

Institution: Name _____
Address _____
City _____ State _____ Zip _____ Country _____

Dates: Tube Received _____ Tube Installed _____ Tube Removed _____

Reason for removal from service _____

Manufacturer of Generator _____ Manufacturer's Type _____

Type of Circuit:
Single Phase _____ Three Phase _____ Single Phase Cap Smooth _____ High Frequency _____

Number of Exposures: _____ If not known, estimate number of exposures per week: _____

Maximum exposure techniques used: MA _____ MAS _____ Exposure/Hour _____

Technique at time of difficulty: KV _____ MAS _____ Time _____

KV and MA most frequently used: KV _____ MA _____

Have high voltage cables/components been replaced recently? _____

Have there been previous tube failures? _____

If so, when and for what reason? _____

Describe in detail, action of tube and any other circumstances at time of failure: _____

Replacement Tube Type: _____ S/N _____

Date Installed: _____

Name of person filing report: _____ Date _____

(Please Print)