



Pre-installation Site Survey

To the Dealer

Thank you for selecting iCynergy from InfiMed. It is our goal to make your experience installing and configuring this product as easy and productive as possible. Your completing this Pre-installation Site Survey is a critical step in preparing your customer's site for delivery of the hardware from InfiMed.

Please return this Pre-installation Site Survey within 10 business days of InfiMed's receipt of the purchase order but at least 14 days before the scheduled shipment date for the iCynergy system.

Your careful attention in filling out this form will assist InfiMed in organizing the correct components of the i5 for your customer.

Need help?

InfiMed is happy to provide you with reasonable phone support at no charge. Call InfiMed Field Services at +1 315-453-4545. We also supply you with the technical information necessary to plan, install, calibrate, test, and operate each iCynergy system.

Dealer's responsibility

Please ensure that the x-ray generator and its associated components are capable of performing the functions required to support the operation of the iCynergy system.

You may print, fill out, and fax this form to InfiMed Order Services at +1 315-453-4550. Or, fill out the form electronically, and email it to CustomerCare@InfiMed.com.

Dealer information

Name	Company	
Street	City, state, zip	
Service engineer	Engineer's phone	
Engineer's email	Purchase order #	
Individual who completed this form	Signature	Date

Site information

Organization	Department
Street	City, state, zip
Department administrator	Administrator's phone
Administrator's email	Purchase order #
System configuration: <input type="checkbox"/> DR <input type="checkbox"/> RF <input type="checkbox"/> DSA	
Applications contact Individual to be contacted regarding arrangements for applications training	Applications contact phone Applications contact email

X-ray generator*

Manufacturer	
Model	
Input signal value	± V DC
Date of manufacture	
Functions supported	<input type="checkbox"/> Continuous fluoro <input type="checkbox"/> Pulsed fluoro <input type="checkbox"/> Cine <input type="checkbox"/> Spot <input type="checkbox"/> DSA
If Picker generator:	Job number



**Special generator considerations*

If you are using the Advantx 1 generator:

- Order InfiMed Part #726-122-G1, the Advantx 1 Interface Kit
- Contact InfiMed Customer Care for a copy of document #200-172-G1, Advantx 1 Interface Document. A number of requirements must be met for this interface.

If you are using the Picker MTX / Vector generator:

- Order InfiMed Part#726-242-G1, Picker Interface Kit.
- Contact InfiMed Order Services for a copy of document #200-233-G1, Picker Interface, as well as for proper ordering instructions.
- The Picker job number must be provided to properly process the order. The number, located on the Centroid panel either as a sticker or etched into the top edge of the panel, appears as xxx-xxxx.

If you are using the CPI generator that will be integrated with the i5 RF system, order CPI Part # 73952900, CPI Mini Console Kit, from CPI directly.

Diagnostic table

Manufacturer	
Model	
Table type	<input type="checkbox"/> Conventional <input type="checkbox"/> Uro <input type="checkbox"/> Remote <input type="checkbox"/> C-arm
Date of manufacture	

Image intensifier

Output phosphor screen size	
Fields of view (list all)	
Fluoro dose rates (list all)	
Is photospot photo-timing at image intensifier output?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optical distributor

Objective lens focal length	
Number of ports	<input type="checkbox"/> Single <input type="checkbox"/> Multiple <i>Ensure port availability for the InfiMed camera.</i>
Radiographic dose control	<input type="checkbox"/> PMT <input type="checkbox"/> Photo-diode
Mounting plate size	<input type="checkbox"/> 3.85" <input type="checkbox"/> Standard 4" dovetail <input type="checkbox"/> 4.5" dovetail <input type="checkbox"/> 6" dovetail plate <input type="checkbox"/> Siemens rectangular <input type="checkbox"/> GE rotator adaptor* <input type="checkbox"/> Other, attach drawing <i>* GE rotator mount may require a light distributor modification (at an additional cost).</i>

Printer

Manufacturer	
DICOM compatible	<input type="checkbox"/> Yes <input type="checkbox"/> No

Power configuration

Main power voltage	<input type="checkbox"/> 220 V <input type="checkbox"/> 110 V
Power voltage measured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power voltage acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Refer to the supply requirements in the Service Manual.</i>
Power conditioner required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monitor configuration*

No. of monitors for primary display	Touch screen quantity: Standard quantity:
Type of monitors for primary display	
No. of monitors for reference display	Standard monitor, quantity:
Type of monitors for reference display	
Flat panel mounting arm needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list part # 726-194-G1 on P.O.</i>
Are two primary or two reference monitors in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list splitter kit with VGA cable (735-024-G1) and VGA extension cable (735-042-G1) on P.O.</i>

*See monitor mounting procedure in Service Manual.

Scan converter option

Line rate for low resolution monitor	<input type="checkbox"/> 525-line (NTSC) 60 Hz	<input type="checkbox"/> 625-line (PAL) 50 Hz	<input type="checkbox"/> N.A.
--------------------------------------	--	---	-------------------------------

Cables

Generator Interface module (GIM) to x-ray generator (generator interface cable). (Must be within 25'.)	Actual distance
Tower PC to GIM (Ethernet cable)	<input type="checkbox"/> 100', 735-371-G1
Tower PC to control room keyboard	<input type="checkbox"/> Standard 6' <input type="checkbox"/> 100' (726-088-G1)
Tower PC to control room pointing device Type: <input type="checkbox"/> Mouse <input type="checkbox"/> Track ball <input type="checkbox"/> Glide point	<input type="checkbox"/> Standard 6' <input type="checkbox"/> 100' (726-088-G2)
Tower PC to in-room pointing device (optional for some configurations) Type: <input type="checkbox"/> Mouse <input type="checkbox"/> Track ball <input type="checkbox"/> Glide point	<input type="checkbox"/> 100' (726-088-G2)
Tower PC to camera LVDS	<input type="checkbox"/> 100' fixed, max (726-204-G1)
Tower PC to in-room keyboard (optional)	<input type="checkbox"/> 100' (726-088-G1)
VGA extension cable (optional), used when monitor is more than 6' from tower PC	<input type="checkbox"/> 100' (735-042-G1)

Equipment

	Manufacturer	Model	Date of manufacture
Chest stand			
Bucky			

Ion chamber (AEC) Bucky

Manufacturer	
Model number	
Type of cable connection	

Ion chamber (AEC) chest stand

Manufacturer	
Model number	
Type of cable connection	

X- ray anti-scatter grid Bucky

Focus	
Number of lines/inch	lines/inch
Ratio	
Motion	<input type="checkbox"/> Static <input type="checkbox"/> Reciprocating

X-ray anti-scatter grid chest stand

Focus	
Number of lines/inch	lines/inch
Ratio	
Motion	<input type="checkbox"/> Static <input type="checkbox"/> Reciprocating

DICOM network

PACS vendor	
PACS model & install date	
RIS vendor	
RIS model and install date	
Is CR currently used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CR vendor	
DICOM storage support RF/XA/DX object?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Support DICOM print class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support DICOM worklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support storage commit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support MPPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PACS administrator name	
PACS administrator phone	
IT manager name	
IT manager phone	

Please list here or attach a separate list of all procedures that will be performed using the i5 RF system. InfiMed can load these into the i5 RF system at our factory before we ship the unit to you. This will save several hours during installation and in-service training.

Procedure Code What best describes this text? Requested Procedure ID or Scheduled Protocol Code Value	Procedure Description What best describes this text? Scheduled Procedure Description or Requested Procedure Description	Modality
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other
		<input type="checkbox"/> RF <input type="checkbox"/> CR <input type="checkbox"/> XA <input type="checkbox"/> DX <input type="checkbox"/> Other

