



121 Metropolitan Dr.- Liverpool, NY 13088  
 (315) 453-4545  
 www.infimed.com

## Installation Report

**This form must be completed by a Service Engineer and returned to Infimed within thirty (30) days of first clinical use. All blanks must be completed. Enter N/A if not applicable.**

Installation: New <input type="checkbox"/> Reinstalled <input type="checkbox"/> Used <input type="checkbox"/> Date: / /
-------------------------------------------------------------------------------------------------------------------------

System Serial Number:
-----------------------

Site Information	Distributor Information
Name:	Name:
Street	Street:
City, State, Zip	City, State, Zip
Department Administrator:	Service Engineer:
Phone:	Phone:
E-mail address	E-mail address:

Survey Completed by (print)
-----------------------------

Signed:	Date:
---------	-------

### Room Configuration:

Mounting Port Used:	Radial (Side)_____	Axial (Top)_____
Fluoro Imaging?____ Continuous <input type="checkbox"/> Pulsed <input type="checkbox"/>	Spot Imaging?____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Camera ABC in Use?	Yes_____	LC_____
High Resolution Monitor	Make:	Model:
Control Station In:	Exam Area_____	Control Area_____
Are all interface cables clearly labeled?	Yes_____	No_____

Distance from PC to patient area:
-----------------------------------

Modem Telephone Number:
-------------------------

### X-Ray Generator

Manufacturer:
Model Number:
Image Intensifier Sizes:



## Acceptance Tests

After completion of each test or procedure, note date that test was completed as well as the results of test or any other pertinent information. Some items listed are optional and may not be installed. Please enter N/A for these lines.

Failure of any test or inability to perform system function constitutes failure of the system. Refer to Steps 8 of the Technical Manual for instructions.

Procedure	Pass	Fail	N/A
Baseline data on previously installed digital system			
System calibration completed. Document image quality parameters, including noise, resolution, uniformity and signal range			
System configuration complete			
System powers up			
Review of test images with image processing, including W/L/I, edge, mask with reregistration, zoom			
Acquisition of fluoro images – integration, edge, W/L/I, fluoro store, LIH			
Acquisition of fluoro loops – loop acquire, loop replay, store loop –			
Acquisition of spot images – single shot, rapids			
Acquisition of Cine images (if applicable)			
LIH – store, W/L/I, edge			
Review of acquired images – W/L/I, edge, mask with reregistration, zoom with pan, AIO			
Hardcopy – different formats Digital Host Control or DICOM hardcopy			
Export / Import of data via DICOM			
System diagnostics			



