

LINAC QUESTIONNAIRE

The Global Oncology Health Network, LLC

www.tgohn.com

Facility Information

Your name: Title: Administrator

Organization:

Address 1: _____ Address 2: _____

City: _____ State/Province: FL Zip/Postal Code _____

Country: USA

Telephone:

([Office]; _____ [cell]; _____ [Fax]

Email:

=====

LINAC Information:

Manufacturer: Varian Model: Clinic 21 Serial Number: _____ Manufacture Date: ____

Installation/Acceptance Date: _____

Estimated/Desired removal date: _____

Is it still installed? Yes; No; If installed, is it still operational? Yes; No

Photon energies? _____ / Electron energies [if any] _____

Beam hours _____ / Filament hours ____ hrs.

KEY FEATURES:

Does unit have MLC: Yes; No

IMRT Capable? Yes; No

Kind of MLC? Millennium 120; Millennium 80; 80MKII; Other -Type: _____

MLC Details [original or post installation?] OEM / Date Installed if not original? ____/____

Software version on system? _____ Does unit have dMLC Software? Yes; No

Portal Vision? Yes; No -If yes, type of PV TheraView Portal Imaging System, Console software version

Date added if PV an upgrade? _____

What version? _____

AFS [Auto Field Sequencing] Software? Yes; No; Date added: ____ / ____

OBI [On Board Imager]/IGRT? Yes; No; Details? _____

What type of Record & Verify Software?

Is R&V Software being sold with system: Yes; No?

If no MLC, does the system have Independent Jaws? Dual; Single; No

What version of Accessories? Current What scale is the system? Varian; IEC

Is there a complete set of cones/wedges? Yes; No; Sizes?: 15,30,45 & 60 Wedges

Electron Cones = 6, 10, 15, 20, & 25

Any other unit enhancements, etc.: _____

Will base frame be available for removal? Yes; No

Type of base frame: Standard [36"]; VEO [52"]; VEO ["Dropping floor"]

LINEAR ACCELERATOR [LINAC] QUESTIONNAIRE

Type of Couch: Exact -- ETR -- Other _____

MAJOR COMPONENT HISTORY:

Has the Klystron [if applicable] been replaced? Yes; No; If "Yes", when: _____

Has the Magnetron [if applicable] been replaced? Yes; No; If "Yes", when: _____

Has the Waveguide; Gun; or Target been replaced? Yes; No; If "Yes", what & when: _____

Has the Thyatron been replaced? Yes; No; If "Yes", when: _____

Has the RF Driver been replaced? Yes; No; If "Yes", when: _____

Have any other major component[s] been replaced (and when)? _____

Is there a complete spare parts kit?: Yes; No, Percentage missing: _____%

Any major spare components? Describe: _____

What modifications and/or upgrades have been made to this system? _____

Last PMI: _

Does unit have beam stopper?: Yes; No; If Yes: Fixed or retractable beam stopper: _____

Had unit been under full manufacturer warranty over its life:

Is warranty transferable?: Yes; No

Any additional system information?:

Standard Rig Out? Yes; No Is there a clear path to removal?, Any clearance issues?, Stairwells, Crane required, etc _____

Estimated Removal Date Needed?

Any other technical issue such as Operating Condition problems, or poor appearance due to paint chipping, tape, etc. beyond normal [please list]?; Any other information about system [accessories, options?]:

Technical Contact at Facility filling out this form (for more information about this unit):

Name: _____

Phone: _____

Service Contact (who has been maintaining the unit):

Name: Varian Service Engineer

Phone: [] _____ - _____

How many years? Years