

# ORIGIN Industries

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## ANGIO / CATH LAB AVAILABLE FOR SALE

**PLEASE FILL OUT FORM IN FULL AND FAX TO THE ABOVE NUMBER**

Today's Date: \_\_\_\_\_ Contact Person and Dept: \_\_\_\_\_

Business or Trading Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Single Plane:  Biplane:

DSA : Yes  No  Make: \_\_\_\_\_ Model: \_\_\_\_\_

Hard Disk Capacity: \_\_\_\_\_ Images

Maximum Frame Rate per Second: \_\_\_\_\_

Monitors:- Make: \_\_\_\_\_ No: \_\_\_\_\_ Size: \_\_\_\_\_

Pressure Injector - Make and Model: \_\_\_\_\_

Image intensifier – Last replaced: \_\_\_\_\_

Collimator - Auto  Manual:

Fluro Tube: Type: \_\_\_\_\_ Replaced: / /19

R/F Tube: Type: \_\_\_\_\_ Replaced: / /19

Are the Fluro and R/F tubes owned or leased: Owned:  Leased:

Image recording system:

Spot film device: \_\_\_\_\_ Optical Disk: \_\_\_\_\_ Other: \_\_\_\_\_

Is the Unit presently in use? YES / NO If no, explain: \_\_\_\_\_

Is the Unit currently under Service Contract and by Whom: \_\_\_\_\_

Is the Unit in working condition: YES / NO Describe the cosmetic condition: \_\_\_\_\_

When was the system last serviced: \_\_\_\_\_ Are service records available? YES / NO

Date Available: \_\_\_\_\_ Asking Price: \$ \_\_\_\_\_

With what are you replacing the system? \_\_\_\_\_

Would you be interested in a late model, preloved unit? \_\_\_\_\_