



INDICO 100®
GENERATOR PRODUCT DEFINITION FORM
Customer Information

Customer: _____
Contact: _____
Tel: _____ **Fax:** _____
Order Reference No. _____

Institute: _____
Contact: _____
Tel: _____ **Fax:** _____
Date: _____

Power Level: <input type="checkbox"/> 32 kW (RAD Only)	<input type="checkbox"/> 40 kW	
Mains Voltage: <input type="checkbox"/> 1Ø:230 VAC	<input type="checkbox"/> 1Ø:230 VAC	
<input type="checkbox"/> 3Ø:400 VAC	<input type="checkbox"/> 3Ø:400 VAC	
<input type="checkbox"/> 3Ø:480 VAC (Auto Transformer)	<input type="checkbox"/> 3Ø:480 VAC (Auto Transformer)	
<input type="checkbox"/> 3Ø:208/240 VAC (Auto Transformer)	<input type="checkbox"/> 3Ø:208/240 VAC (Auto Transformer)	
Power Level: <input type="checkbox"/> 50 kW	<input type="checkbox"/> 65 kW	
Mains Voltage: <input type="checkbox"/> 3Ø:400 VAC	<input type="checkbox"/> 3Ø:400 VAC	
<input type="checkbox"/> 3Ø:480 VAC	<input type="checkbox"/> 3Ø:480 VAC	
<input type="checkbox"/> 3Ø:208/240 VAC (Auto Transformer)	<input type="checkbox"/> 3Ø:208/240 VAC (Auto Transformer)	
Power Level: <input type="checkbox"/> 80 kW	<input type="checkbox"/> 100 kW	<input type="checkbox"/> 100 kW SP
Mains Voltage: <input type="checkbox"/> 3Ø:400 VAC	<input type="checkbox"/> 3Ø:400 VAC	<input type="checkbox"/> 3Ø:400 VAC
<input type="checkbox"/> 3Ø:480 VAC	<input type="checkbox"/> 3Ø:480 VAC	<input type="checkbox"/> 3Ø:480 VAC

Regulatory Requirements: FDA UL CE Other, specify _____

Configuration: (check one box for each line)

Language Requirements:

- | | |
|--|--|
| <input type="checkbox"/> Radiographic | <input type="checkbox"/> Radiographic & Fluoroscopy |
| <input type="checkbox"/> One Tube Capability | <input type="checkbox"/> Two Tube Capability |
| <input type="checkbox"/> Low Speed Starter | <input type="checkbox"/> Dual Speed Starter |
| <input type="checkbox"/> Non-ABS Control | <input type="checkbox"/> ABS Control |
| <input type="checkbox"/> Non-Digital Imaging | <input type="checkbox"/> Digital Imaging |
| <input type="checkbox"/> One Filament Supply Board
(Runs Large/Small Focal Spots) | <input type="checkbox"/> 2 nd Filament Supply
(To Pre-Heat 2 nd Filament) |

- | | |
|--|--|
| Operator's Manual | Console - APR |
| <input type="checkbox"/> English | <input type="checkbox"/> English |
| <input type="checkbox"/> Other, Please list: _____ | <input type="checkbox"/> Other, Please list: _____ |

Control Console Type:

Touchscreen: 15"

Membrane Console:

Radiographic R/F

Tube Type: (List all types used)

	Tube 1	Tube 2
INSERT: Make		
Model		
Focal Spot		
HOUSING: Make		
Model		

CPI can only state compatibility to original manufacturers X-ray tubes, with housing/stator and insert combinations as stated in the Tube Compatibility section of the Generator Service Manual. Tubes that have been refurbished/reloaded with components from different manufacturers must be identified specifically at the time of order and compatibility acknowledged by CPI. CPI will not be liable and customers will be charged for any service related to misrepresentation of the X-ray Tube type.

Tube Housing / Stator / Insert: Original Manufacturer Refurbished / Reloaded

Stator Type: (check maximum of two)

- | | |
|---|--|
| <input type="checkbox"/> Standard "R" Type
Universal Type configured for "R"
Comet Low Impedance (25/50 or 20/50 ohms)
Dunlee DA10, DR1400, DR1800 (20/50 ohms)
Dunlee "S" stator (15/30 ohms)
Gilardoni (33/36 ohms)
IAE C30 (25/62 ohms)
Shimadzu CIRCLEX (low speed tubes)
Varian "R" stator (16/50 or 20/50 ohms) | <input type="checkbox"/> IAE C52 / C52 Super / C352 / C100 (20/40 ohms)
<input type="checkbox"/> Philips SRM/SRO (ROT350/500)
<input type="checkbox"/> Shimadzu CIRCLEX (high speed tubes) – DSS only
<input type="checkbox"/> Siemens BI / Opti-150, Optilix 150, Optitop 150, SV150 (100mm anode only) "S" stator (14/18 ohms) – DSS only
<input type="checkbox"/> Siemens SV ./. / ./. / 120LW, "S" stator (14/18 ohms) – DSS only
<input type="checkbox"/> Siemens RAY12S_1, RAY14S_1 (single phase only)
<input type="checkbox"/> Toshiba XS-AG stator (18/47.5 ohms)
<input type="checkbox"/> Toshiba XS-AL (low voltage) stator (9.4/28.3 ohms)
<input type="checkbox"/> Toshiba XS-AV stator (27.5/58 ohms)
<input type="checkbox"/> Toshiba XS-BA stator (18/47.5 ohms)
<input type="checkbox"/> Toshiba XS-RB stator (20/38 ohms)
<input type="checkbox"/> Toshiba E7252X with XS-RA stator (27.5/58 ohms) – DSS only
<input type="checkbox"/> Varian "Q" stator (8/15 or 6/11 ohms) – DSS only
<input type="checkbox"/> Varian B199/SG1096, Type "S" (15/18 ohms) – DSS only |
|---|--|
- Other, specify? _____

AEC Device:- Interface only

- No Yes (provide model and pre-amp # as applicable)

- | | |
|---|--|
| <input type="checkbox"/> A.I.D. Ion Chamber, 3 Fields
<input type="checkbox"/> Comet Ion chamber, 3 Fields
<input type="checkbox"/> Philips Amplimat, 1 or 3 Fields, + 50 V <input type="checkbox"/> ± 12 <input type="checkbox"/>
<input type="checkbox"/> GE Quantimatt Ion Chamber, 3 Fields +12 Volt <input type="checkbox"/> ± 24 <input type="checkbox"/>
<input type="checkbox"/> Keithly Ion Chamber 3 Fields
<input type="checkbox"/> Photo Diode | <input type="checkbox"/> PMT type, Single Field Only
<input type="checkbox"/> Comet Solid State, 3 Fields
<input type="checkbox"/> Ziehm Solid State, 3 Fields
<input type="checkbox"/> Gilardoni Solid State, 3 Fields
<input type="checkbox"/> Fischer Ion Chamber, 3 Fields -300V <input type="checkbox"/> +300V <input type="checkbox"/>
<input type="checkbox"/> Vacutec Ion Chamber, 3 Fields
<input type="checkbox"/> Siemens Ion Chamber |
|---|--|
- Other, specify? _____

TYPE / MODEL NUMBER: _____ **PRE-AMP NUMBER:** _____

- Pickups Required:** One Two Three Four
Connection Type:: 9 Pin D Sub 12 Pin Hand Wired

Tomograph Device:

- No Yes (complete information below)
Generator is Back-up Timer Only

- Integrated Table Options:** No Yes
- | | |
|---|--|
| <input type="checkbox"/> GMM Opera "T"
<input type="checkbox"/> Pausch Auto-Pos Serial Com
<input type="checkbox"/> Other, specify Make: _____ Model: _____ | <input type="checkbox"/> Celex Multi-purpose
<input type="checkbox"/> Arcoma Auto-Pos serial com / w/Tomo
<input type="checkbox"/> Arcoma Serial Com – Auto-Pos Only |
|---|--|

ABS Pickup Device:

- No Yes (complete information below)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> PMT
<input type="checkbox"/> Proportional DC <input type="checkbox"/> (0 to 5 V DC+) <input type="checkbox"/> (0 to 12 V DC+)
<input type="checkbox"/> Composite Video
<input type="checkbox"/> Other, specify _____ | <input type="checkbox"/> Comet Photo Diode
<input type="checkbox"/> Sierra Photo Diode
<input type="checkbox"/> Error Signal ± DC | <input type="checkbox"/> Infimed |
|--|---|----------------------------------|

Digital Interface Device (if digital option has been selected in basic configuration):

- No Yes (complete information below – Specify Type/Model #)

- | | | |
|---|--|--|
| <input type="checkbox"/> Infimed Platinum One
<input type="checkbox"/> Infimed QS
<input type="checkbox"/> Infimed GoldOne RF
<input type="checkbox"/> Infimed GoldOne DSA
<input type="checkbox"/> Infimed GoldOne Swing Lab
<input type="checkbox"/> Infimed Stingray DR
<input type="checkbox"/> Hologic DROC DR
<input type="checkbox"/> Gilardoni Digital | <input type="checkbox"/> CANON DR
confirm Canon software version
<input type="checkbox"/> CANON DR Dual T.S. Console
<input type="checkbox"/> CANON DR Integrated single console
operation with remote mini console
<input type="checkbox"/> CMT Smart Spot
<input type="checkbox"/> CMT Smart RAD DR
<input type="checkbox"/> Syracuse Fluorocord
<input type="checkbox"/> Camtronics Video Plus (Ref.) (RF)
<input type="checkbox"/> Apelem – PALADIO | <input type="checkbox"/> Analogic – Hawk DR
<input type="checkbox"/> ATS / ESI
<input type="checkbox"/> ATS / HIRIS
<input type="checkbox"/> ATS / CD 100
<input type="checkbox"/> IMACOM
<input type="checkbox"/> Cedara "I Aquire" – Hologic DR
<input type="checkbox"/> Cedara "I Aquire" – Trixell DR
<input type="checkbox"/> Beijing Hundric Medline RF
<input type="checkbox"/> CPI Digital |
|---|--|--|

Other, specify _____

Additional Options:

Dose Area Product (DAP Interface). YES - Specify Type: →
 Not Required

Scanditronics / Wellhofer / IBA
 PTW

Vacutec
 Gamex

- | | | |
|---|------------------------------|-----------------------------|
| Falling Load | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Level Continuous Fluoro | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pulsed Fluoro (For Digital Systems) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| KV / mAs Stepping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CINE (Consult Factory) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ABS Curves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Air Kerma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Collimator & Filter APR Programming | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canon Docking Interface | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Auxiliary Mains Power Distribution Sub-Cabinet – Contact Factory | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power Distribution – DIN Rail (230V, 1Ø, 1.5kVA, Switched, 400V 3 Ø, 2.0 kVA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Auxiliary Collimator Power Supply (24Vac @ 6.25A, 30 VDC @ 3A) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cabinet Wheels (Installed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluoro Remote Control Box | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wiring Channels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hand Switch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wall Mount (Not Applicable with Touchscreen) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pedestal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shipping Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please fill out and fax back to 905-877-3633

Remarks (Special Instructions): _____

Originator: _____

Date: _____

*** please sign and date before submitting to Production ***



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