"A precise failure report is half the battle"

By accurately completing this form, you assist us in quickly finding a solution.

Please complete a separate form for each incident!

Service hours: M – F 8 a.m. to 6 p.m. CET except for public holidays in Hessen
Please send the failure report by email to support@vepro.com or fax it to +49 (0) 6157-800666

Emergency service for customers with 24/7 service contracts outside our business hours:
Please send the failure report by email to support@vepro.com **AND call our hotline: +49 (0) 6157-800688**

1. General information			Customer ID:	
			Subject:	
a	**Customer address**	Institute name:		
		City:		
b	**Problem reporter**	Name:		
		Phone number:		
		Email:		
		Availability:	Time from	to
		Position:		
	If you would like to receive a text message as soon as your case is closed, please provide your mobile phone number.			
c	**Did you detect the problem?**		☐ Yes	☐ No
	If not, please provide the name of the person who detected the problem.	Name:		
		Phone number:		
		Email:		
		Availability:	Time from	to
		Position:		
d	**Has your system administrator been informed?**		☐ Yes	☐ No
	In addition to the problem reporter, who should be informed about the progress of the troubleshooting process:	Name:		
		Phone number:		
		Email:		
		Availability:	Time from	to
e	**Which type of service agreement / contract does apply:**			☐ 24 hrs./7 days a week
2. Priority				
a	**Is patient security still guaranteed after the system failure:**		☐ Yes	☐ No
	If not, please give the reason:			
b	**Can patient data still be acquired and stored in the central data base:**		☐ Yes	☐ No
c	**Can patient data still be called up from the central VIS / PACS data base at other stations:**		☐ Yes	☐ No
d	**Which priority has the failure report?**			
e	**Permission for remote access is hereby granted for the following time:**			

		3. Analysis		

a	**Select the type of failure:**			
b	**Detailed failure description:**			
c	**On what device / system has the failure been detected:** (The PC identifier can be found on top of the PC housing, the serial number can be found on the back of the PC)	**PC identifier or serial number:**		
	Other stations where you detected the same problem:	**PC identifier or serial number(s):**		
d	**Has this problem been reported before:**	☐ **Yes**	☐ **No**	
	If yes, please complete these fields!	**CASE number:**		
		Which VEPRO employee handled the CASE:		
		What additional information might be helpful for the troubleshooting process:		

If this is a new CASE, please complete the following information:

e	**When was the last time the system was running error-free:**	**Date:**	**Time:**	
f	**When was the problem detected for the first time:**	**Date:**	**Time:**	
g	**What was changed at the system level between the last error-free operation and the problem:** (updates, new software, changes to the hardware etc.)			
h	**What have you done to eliminate the problem:**			
i		**Has this attempt been successful:**	☐ **Yes**	☐ **No**
		If yes, how long were you able to work afterwards:	**days**	**hours**
j	**How often has the problem occurred up to the last failure report:**			
k	**When did the problem occur for the last time:**	**Date:**	**Time:**	

Which patient data (if so, study, date) were processed when the problem occurred:	Patient name:	
	Patient ID:	
	Date of study:	
	Description of study:	

l | **Please give a detailed description of the user activities that led to the problem:**

The problem can be simulated by carrying out the following activities / steps:
1
2
3
4
5

m	**Are other functions / programs affected by the problem:**	☐ **Yes**	☐ **No**
	If yes, which programs / functions were affected:		

n	**In addition to the problem, did you observe other irregularities:**	☐ **Yes**	☐ **No**
	If yes, please describe the irregularities:		