

**CUSTOMER INFORMATION:**

Your Name:	Email:
Facility Name:	Contact Phone:
Address:	First Appearance:
City:	Country:

**ISSUE DESCRIPTION:**

Primary issue	Type(s) of issue(s):
	50Hz Noise RF Noise Other Noise Pacing Artifacts RF Artifacts Other signal issue

**Channels / Catheters affected:**

	ALL 12	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
<b>Surface ECG,</b>	ALL 12												
<b>Ablation CH,</b>	ALL	ABL d	ABL p	ABL Uni									
<b>Other affected catheter 1</b>	Nr of Electrodes:			Location:	Size:	(Fr), Manufacturer:							
<b>Other affected catheter 2</b>	Nr of Electrodes:			Location:	Size:	(Fr), Manufacturer:							
<b>Other affected catheter 3</b>	Nr of Electrodes:			Location:	Size:	(Fr), Manufacturer:							

**LAB PROPERTIES:**

Type of the LAB			
Procedures:			

**EQUIPMENT INSTALLED:**

X-Ray System:	vendor	Year installed	mobile	fixed
System 1:	vendor	Year installed	mobile	fixed
System 2:	vendor	Year installed	mobile	fixed
System 3:	vendor	Year installed	mobile	fixed
System 4:	vendor	Year installed	mobile	fixed
System 5:	vendor	Year installed	mobile	fixed
System 6:	vendor	Year installed	mobile	fixed
System 7:	vendor	Year installed	mobile	fixed
System 8:	vendor	Year installed	mobile	fixed

**ANY OTHER COMMENTS:**