

PACS Migration/Data Conversion Quote Request Form

In order for us to produce an accurate price and delivery quote we need information regarding your data migration project. Please FAX this completed form to 1 (866) 638-0936 or E-Mail it to misb@desacc.com. Once we review the information we will contact you as to how to proceed.

Contact Information

Contact Name	Site Name	
Site Address		
City	State/Province	Zip Code/Post Code
Telephone	E-Mail	

Scanner and Media Information

Scanner Modality	Scanner Vendor								
Scanner Format	<input type="checkbox"/> Unknown	<input type="checkbox"/> DICOM 3.0 Part 10	<input type="checkbox"/> Proprietary (e.g. Siemens SPI, Toshiba CT, etc.)	_____					
Media Format	<input type="checkbox"/> Magneto-Optical Disk	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> DVD	<input type="checkbox"/> DAT	<input type="checkbox"/> DLT	<input type="checkbox"/> RAID	<input type="checkbox"/> Hard Disk	<input type="checkbox"/> Other	_____
Media Vendor (e.g. Verbatim, Sony, etc.)	Media Part Number (if applicable)								
Media State	<input type="checkbox"/> Undamaged	<input type="checkbox"/> Damaged	<input type="checkbox"/> Unknown						
Number of Media	Media Capacity	Estimated Data to Migrate	(e.g. x50 4.6GB MOD's = 230GB)						

Job Information

Requested Start Date	Requested Finish Date			
Migrate Data to	<input type="checkbox"/> DICOM	<input type="checkbox"/> Other	_____	Migration Destination (i.e. PACS Vendor)
Delivery Method	<input type="checkbox"/> DVD	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> Hard Disk	<input type="checkbox"/> DICOM Network C-STORE
Migrate Where	<input type="checkbox"/> Hosted by DesAcc	<input type="checkbox"/> On-site		



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