

X-Ray Power Supply Requirements Worksheet

Name: _____ Position: _____
 Company: _____ Address: _____
 City: _____ State: _____ Code: _____ Country: _____
 Telephone: _____
 E-Mail: _____ Date: _____

Output

Output Type: Double Ended \pm _____ kV Single Ended \pm _____ kV
 Operating Range: _____ kV @ _____ mA to _____ kV @ _____ mA
 Maximum Power: _____ W continuous pulsed (duty cycle _____ %)
 Ripple: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
 Input Regulation: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
 for input change of \pm _____ Vac \pm _____ %
 Output Regulation: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
 for output change of \pm _____ Vac \pm _____ % of full output current
 Filament Supply: _____ V @ _____ A to _____ V @ _____ A
 Closed-loop emission current required: Yes No
 X-Ray Tube Manufacturer: _____ Manufacturer Part Number: _____

Input Power

115Vac \pm 10%, 1- \emptyset 200Vac \pm 10%, 1- \emptyset 230Vac \pm 10%, 1- \emptyset
 208Vac \pm 10%, 3- \emptyset 380Vac \pm 10%, 3- \emptyset 480Vac \pm 10%, 3- \emptyset
 Universal Input (specify range): _____ Vac to _____ Vac, _____ \emptyset
 Other (please specify): _____
 Power factor Correction required (THD ___% max) Not Required

Certification Requirement(s): Medical Industrial EN61010 ITE EN60950

None RoHS CE Other; Specify _____

Environmental:

Operating Temperature: Ambient: _____ $^{\circ}$ C Cooling: Forced air Water
 Packaging: Rack mount (max ht: _____, max depth: _____) Front panel controls
 Module: Size requirements: H _____ x W _____ x L _____

End Product Application:

Industrial Medical
 Is this a new product Yes No If yes, planned introduction date: _____
 Usage: OEM (_____ units per year) one time buy (_____ units) Price target: _____
 Is this a replacement for an existing supply: Yes No
 If yes, current supplier: _____
 Supplier model number: _____
 Reason for change: _____

Please mail or email to NA-Engineering-Applications@excelitas.com

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