

ThermoFisher

SCIENTIFIC

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CHANGE SUMMARY

(Only changes within the last 18 months are listed below.)

Revision Number	Effective Date	Description of Changes
002	See coversheet.	<ul style="list-style-type: none">• Update to include Vanquish Neo System Tandem Direct Injection Workflow.
001	01 Mar 2023	<ul style="list-style-type: none">• New document

Customer:		Equipment Manufacturer:	Thermo Scientific	
Customer Contact Name:		Model:	Vanquish Neo System	
Engineer Name:		System Serial #:		
Pump Serial #:		Flowmeter Serial #:		
Pump Serial #:		Flowmeter Serial #:		
Sampler Serial #:		Column Compartment Serial # (optional):		
SAP Notification/Job #:		System Reference ID:		
Procedure(s) utilized:		Decontamination:	Yes <input type="checkbox"/> Not Required <input type="checkbox"/>	
		Date PM Performed:		
Consumables		Replaced / N/A		
Solvent line filter frits		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Silicone tubing		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
PharMed tubing		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Seal wash seals		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Piston seals		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Needle seat		Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Spare Parts		Checked / Replaced / N/A		
Inlet check valve		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Outlet check valve		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Pump pistons		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Seal wash plate screws		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Tubing connector straight		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Tubing connector 90°		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Tubing connector		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Pump head seal, for seal wash plate screw (O-ring seal, 6.5x1)		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Pump head seal, for seal wash plate (O-ring seal, 11x1.5)		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Needle unit		Checked <input type="checkbox"/> Replaced <input type="checkbox"/> N/A <input type="checkbox"/>		
Scripts		Passed / Failed		
B01 – Change Liquid / Solvents		Passed <input type="checkbox"/> Failed <input type="checkbox"/>		
D01 – Test System Back Pressure		Passed <input type="checkbox"/> Failed <input type="checkbox"/>		
D02 – Test System Tightness		Passed <input type="checkbox"/> Failed <input type="checkbox"/>		

Comments:		
Field Service Representative Signature:		Customer Signature:
Date: _____ <i>Date not required if using Digital Signature</i>	Date: _____ <i>Date not required if using Digital Signature</i>	