



# GETTING PROService



Acrobat reader or similar is required to complete this form. Please review the information below and complete all required sections to acquire this free service for eligible Beckman Coulter instruments. Hover over this text for popup instructions on completing this form

**Instructions:** Part 1 should be completed by lab personnel familiar with the instrument installation plan. Once Part 1 is complete, provide this survey to your IT department for completion of Part 2. Instructions for returning the survey to Beckman Coulter are included at the end of this document.

## Part 1: Account and Instrument information.

**Customer information (Required)** Sales Order # (if available) \_\_\_\_\_

Facility name: \_\_\_\_\_

Ship-to address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

### Ship-to contact (Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Laboratory contact (Required)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instruments to be connected:** Find the model name in the table below and add the System ID or Serial number of the instrument(s) to be connected. For multiple instruments separate System ID or Serial numbers with a comma. If additional space is needed, use the notes area at the bottom. Please include the preferred install location for the Rap Box and network jack # for the Rap Box in the notes section if known. For pending installs use the sales order number field at the top of this form and indicate the instruments below with an X.

### RAP Box Installation:

- Each RAP box includes ports for five (5) instruments, plus a network port.
- If multiple boxes are required, please fill out one questionnaire for each box.



Automation and middleware	System ID or Serial #	Chemistry	System ID or Serial #
AutoMate 600/800		DxC 600/800	
DxA 5000		DxC 700 AU	
REMISOL Advance		AU 480 / 680	
		AU 5800	
Hematology	System ID or Serial #	Immunoassay	System ID or Serial #
DxH 600/690T/800/900		DxI 600/800	
DxH SMS / SMSII		Access 2 Enhanced (SN570006 or higher)	
LH 500 / LH 750 / LH780			
Life sciences	System ID or Serial #	Blood Banking	System ID or Serial #
AQUIOS		PK 7400*	
Gallios			
Navios / Navios EX			
<b>Notes:</b>			

## Part 2: Network Requirements: To be completed by IT contact listed below.

For additional information, technical documents or other questions contact [proservicesupport@beckman.com](mailto:proservicesupport@beckman.com)

### IT contact (Required)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Customer Required Firewall and Security

- Required hospital firewalls with Beckman Coulter servers. Please have your network IT implement, if needed:
  - Outbound proservicedc.beckman.com (134.217.3.16) Port 443
  - Outbound proservicerds.beckman.com (134.217.3.17) Port 443
    - Allow OpenVPN on Port 443
    - Allow all subsequent established/connected traffic after the initial connection is established
- All inbound ports are closed
- All outbound communications are restricted to only the Beckman Coulter domain
- Instruments on the RAP Box subnet are blocked from exploring devices outside of the instrument subnet

### Fast Ethernet hardware: (Required)

A network jack must be configured and ready at the installation location for the Rap Box when you return this form. Please document the configured jack number below for BCI personnel to use when installing the Rap Box.

Network jack # or location: \_\_\_\_\_

Does your firewall require a MAC address? (select only one) Yes  No

### Network Type: (Required)

Static IP  DHCP

IP address: \_\_\_\_\_ Subnet mask: \_\_\_\_\_

Default gateway: \_\_\_\_\_ DNS server 1: \_\_\_\_\_

DNS server 2 \_\_\_\_\_

(optional):

Is a proxy server used for Internet access? (select only one) Yes  No

HTTP  SOCKS

IP address: \_\_\_\_\_

Port number: \_\_\_\_\_

Authenticating proxy? (select only one) Yes  No

Proxy username: \_\_\_\_\_ Proxy password: \_\_\_\_\_

Confirm Port 443 is available: This port is required to allow a secure connection to the BCI Servers. Yes

To submit your completed questionnaire, return it to the PROService team at [proserviceinstalls@beckman.com](mailto:proserviceinstalls@beckman.com) or fax # (714)-223-4180.

\*CE marked. Pending clearance by the United States Food and Drug Administration; not yet available for in vitro diagnostic use in the US. For Investigational Use Only. The performance characteristics of this product have not been established.

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