Failure Report

Support request · VEPRO Customer Service

“A precise failure report is half the battle.”

By completing this form accurately, you help us find a solution quickly. Please complete a separate form for each incident.

SERVICE HOURS

Mon to Fri, 8:00 to 18:00
German time (CET / CEST)
except public holidays in
Hesse (Hessen), Germany

SEND YOUR REPORT

Email: support@vepro.com

24/7 EMERGENCY

Outside business hours with a 24/7 contract: email AND call
+49 (0) 6157-800688

Customer service via CRYPE

With CRYPE you can send messages to our customer service, talk to our staff directly via video call and, if needed, explain your problem live via screen sharing.

CALL US DIRECTLY

No app needed. Start a video call with our customer service right in your browser.

Scan to call

▶ Start call

OR USE THE CRYPE APP

1. Download the app: www.crype.eu
2. Search for “VEPRO Customer Service” or enter the ID below:

Scan to download

CRYPE ID **1606 3176 3235 4327**

Items marked * are required (required text fields are highlighted) · all others are optional · fill in digitally and save

TIP: Create failure reports in just a few minutes

Complete the basic information that usually remains unchanged, such as your institution name, contact person, contact details and service agreement, once and save this file as your personal template.

For a new incident, you then only need to add the current details of the failure. This means a complete failure report can usually be prepared within just a few minutes, allowing our Service Team to start processing it immediately without avoidable follow-up questions.

1 General information

Customer ID

Subject

a Customer address

Institute name *

City *

b Problem reporter

Name *

Position *

Your CRYPE ID

Phone number

Email

Available from

to

c Did you detect the problem yourself? * ◯ Yes ◯ No

If not, who detected the problem?

Name

Position

Your CRYPE ID

Phone number

Email

Available from

to

d Has your system administrator been informed? * ◯ Yes ◯ No

Who else should be kept informed about the troubleshooting progress?

Name

Phone number

Email

Available from

to

e Which service agreement / contract applies? *

◯ A - System Care Essential
◯ B - System Care Enterprise
◯ B - System Care Enterprise 24/7
◯ C - Software Care
◯ D - Software Maintenance
◯ Not sure, please check for me

2 Priority

a Is patient safety still guaranteed after the system failure? * ◯ Yes ◯ No

If not, please give the reason

b **Can patient data still be acquired and stored in the central database? *** ◯ Yes ◯ No

c **Can patient data still be retrieved from the central VIS / PACS database at other workstations? *** ◯ Yes ◯ No

d **Which priority does this failure report have? ***

- ◯ **1 · Normal**
- ◯ **2 · High** Important functions are impaired
- ◯ **3 · Critical** System down, clinical operation stopped

e **Permission for remote access is hereby granted for the following period: ***

◯ Immediately until the ticket is closed ◯ Only after customer approval

3 Analysis

a **Which VEPRO product is affected by the failure? ***

◯ EMR-PACS ◯ VEPris ◯ UniPort ◯ CloudScan
◯ CRYPE ◯ MED-Safe ◯ EMR-Vision ◯ Orthopedic Planning
◯ Speech Recognition ◯ App-WEBstudio ◯ Other

If other, which product?

b **Detailed failure description ***

Include any error messages exactly as shown. Screenshots and log files can be attached to your email.

c **On which device / system was the failure detected?**

The PC identifier is on top of the PC housing, the serial number on the back of the PC.

PC identifier or serial number *

Other stations with the same problem

d **Has this problem been reported before? *** ◯ Yes ◯ No

If yes, please complete:

Ticket number

VEPRO employee who handled the ticket

Additional information that might help the troubleshooting

If this is a new ticket, please complete the following (* = required for new tickets):

e **When was the system last running error-free?**

Date (DD.MM.YYYY) *

Time (hh:mm)

f **When was the problem detected for the first time?**

Date (DD.MM.YYYY) *

Time (hh:mm)

g **What was changed on the system between the last error-free operation and the problem? ***

e.g. updates, new software, hardware changes

h **What have you done so far to eliminate the problem? ***

Multiple answers possible.

☐ Nothing yet ☐ Restarted the application ☐ Restarted the computer

☐ Restarted server / services ☐ Logged off and on again ☐ Other (see details)

Details

i **Was this attempt successful?** ◯ Yes ◯ Partially ◯ No

If yes or partially, how long were you able to work afterwards?

Days

Hours

j **How often has the problem occurred up to this report? ***

◯ Once ◯ Several times ◯ Irregularly

◯ Daily ◯ Several times a day ◯ Permanently

k When did the problem occur for the last time?

Date (DD.MM.YYYY) *

Time (hh:mm)

Which patient data were being processed at that time? (only if relevant for reproducing the problem)

Patient name | Patient ID | Date of study | Description of study

l Please describe in detail the user activities that led to the problem *

The problem can be reproduced by the following steps:

1.
2.
3.
4.
5.

m Are other functions / programs affected by the problem? * ◯ Yes ◯ No

If yes, which programs / functions were affected?

n Did you observe other irregularities in addition to the problem? * ◯ Yes ◯ No

If yes, please describe the irregularities

Thank you!
Save the completed form and send it to support@vepro.com or reach us directly via CRYPE.

Supplement
If you have any images, screenshots or videos, please send them to us by email or as a link.