



Supplier:
VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN:

Buyer SAMANTHA RTP JONES

Telephone

Email samantha.gomez@nhs.net

RTP0121 EME DEPT ESH

Deliver to:
EAST SURREY HOSPITAL
GOODS INWARDS
CANADA AVENUE
REDHILL,Surrey RH1 5RH

Invoice to:
SURREY & SUSSEX HEALTHCARE NHS TRUST
RTP PAYABLES Z955
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	106286469
Date	09-MAR-23

- 1.Goods will be received only between 08.30 and 16.00 hours Monday to Thursday and between 08.30 to 15.30 on Fridays.
2.The Official order Number MUST be quoted on all delivery notes and invoices.
3.It is a condition of this order that the property & risk of the goods shall lie with the supplier until the goods have been examined and accepted at the specified delivery address as per the contract conditions.
4.Control Of Substances Hazardous to health (COSHH) - a full material data sheet must be forwarded for each product on the occasion of the first order - or on request of an authorised officer.
5.Order is conditional on Medical Devices being CE Marked in compliance with directive 93/42/EEC or other as determined by the UK MRHA

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
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5 EACH

P/N 0110017 OXYGEN CELL R-17MED

22-MAR-23

50.40

252.00

Total Value of Order (Exc VAT)

252.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.