

Service Repair Sheet SRS68488

Contact Name

Company/ Hospital Name

Department

Position

Direct Phone

General Phone

Opera Account

Email

Order Number

Date Received

Booked in By

Main Company

Type Return

Claire Willis

Medway Maritime Hospital

Clinical Engineering

Clinical Engineering Inventory and

01634976451

01634 83 00 00

00001770

c.willis2@nhs.net

08/Jun/2023

Robert Connor

Viamed

Quote

VIAMEDclean

Goods In Only

Decontamination
certificate provided
by customer ☒

Cleaned by Viamed,
if no declaration certificate
from customer ☒

Signed: _____

Date: _____

Goods Out Only

Cleaned by Viamed before
returning to customer

Signed: _____

Date: _____

Notes Customer would like V1000, s/n PR02094A30 to be serviced/calibrated. They have sent in PO 240003448 to cover the collection of the device by UPS from Claire Willis, Clinical Engineering, Medway Maritime Hospital, Windmill Road, Gillingham, Kent, ME7 5NY. Tel. 01634976451. No PO rec'd yet for the service itself.

06/Jun/2023 Kate Griffiths

EDIT - another email rec'd with slightly different address for collection: Clinical Engineering (formerly Equipment Services) Level One, Blue Zone

08/Jun/2023 Robert Connor

Received 1 x V1000 s/n PR02094A30, with 4 x AA battery and blue fabric carry case. PO included for 12 GBP to cover cost of collection by UPS, PO240003448.

Ready For quote

CGNEEN 9.6.23

Repair Complete Signed

CGNEEN 21.6.23

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN35822	Foetal Simulator	1410000	PR02094A30	N

1480000 x 1 @ £45

S/N, SRS, SRN

1430309 x 1 @ £0.

SRS, SRN

UPS x 2 @ £12 - one for collection of unit
one for return of repair
cg 9.6.23

Service Repair Sheet 68488

Contact Name	Claire Willis
Company/ Hospital Name	Medway Maritime Hospital
Department	Clinical Engineering
Position	Clinical Engineering Inventory and Systems Assistant
Direct Phone	01634976451
General Phone	01634 83 00 00
Opera Account	00001770
Email	c.willis2@nhs.net
Order Number	240004191
Date Received	08/Jun/2023
Booked in By	Robert Connor

Repair	Ref	S/N	Equipment Type	
SRN35822	1410000	PR02094A30	Foetal Simulator	Complete - Repaired Time :0 Hour(s)
Parts Replaced				
	Qty: 1	1480000		
	Qty: 1	1430309		

V1000 has had transducer interface cushion replaced and calibration has been checked

Purchase Order
240004191

SUPPLIER - 001106

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKS
BD20 7DT
Tel: 01535634542
Fax:

DELIVER TO

HOSPITAL MAIN STORE
MAIN STORES
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

Order Enquiries - Procurement

Julie Brooker 01634 833700

Medwayft.Procurement.Services@nhs.net

Invoice Enquiries - Finance

Medwayft.paymentsteam@nhs.net

Accounts Payable: (01634) 976402 / 976211 / 976349

If any details on this PO are
incorrect please reject the
Purchase Order and contact
Procurement Services on the
email provided.

ORDER DETAILS

Order Number 240004191
Order Page 1 of 1
Order Date 19/06/2023
Requisition Point 791317 - EQUIPMENT SERVICES
Requisition Number 100091569
Requisitioner Claire Willis x

INVOICE TO

FINANCE DEPARTMENT
RESIDENCE 13A
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT ME7 5NY
Where possible all Invoices and Credit notes should be
emailed to: Medwayft.Invoices@nhs.net

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	1	For the calibration of our Viamed Foetal Heart Simulator SN PR02094A30. Reclaim VAT	45.00	45.00	0	
	1	Return delivery cost to Clinical Engineering Department Medway Hospital, Me75NY. (Item has already been collected we were awaiting quote to calibrate)	12.00	12.00	0	

GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED THE OUTER PACKAGING. IF ANY DETAILS ON THIS PO ARE INCORRECT, PLEASE REJECT THE PURCHASE ORDER AND CONTACT PROCUREMENT SERVICES ON THE EMAIL PROVIDED

Nett Value	57.00
VAT Value	11.40
Total Value	68.40

Purchase Order
240003448



NHS Foundation Trust

Supplier - 001106

VIAMED
5 STATION ROAD
ROSS HILLS
EIGHLEY
WEST YORKS

BD20 7DT

Tel: 01535634542
Fax:

ORDER DETAILS

Order Number 240003448
Order Page 1 of 1
Order Date 06/06/2023

Requisition Point 791317 - EQUIPMENT SERVICES
Requisition Number 100090884
Requisitioner Claire Willis x

DELIVER TO

HOSPITAL MAIN STORE
MAIN STORES
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

INVOICE TO

FINANCE DEPARTMENT
RESIDENCE 13A
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT ME7 5NY

Where possible all Invoices and Credit notes should be
emailed to: Medwayft.Invoices@nhs.net

Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

Order Enquiries - Procurement

Fedroy Gray 01634 833700

Medwayft.Procurement.Services@nhs.net

Invoice Enquiries - Finance

Medwayft.payments@nhs.net

Accounts Payable: (01634) 976402 / 976211 / 976349

If any details on this PO are
incorrect please reject the
Purchase Order and contact
Procurement Services on the
email provided.

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	1	For the collection of Viamed Foetal Heart Simulator SN PR02094A30 - Delivered to: Viamed LTD 15 Station Road BD20 7DT Collected from: Clinical Engineering Level 1, Blue Zone MMH ME75NY (Once collected Viamed will issue a definite quote for the Calibration & return of the above item.)	12.00	12.00	0	
			Nett Value	12.00		
			VAT Value	2.40		
			Total Value	14.40		

GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED
THE OUTER PACKAGING. IF ANY DETAILS ON THIS PO ARE INCORRECT, PLEASE REJECT THE PURCHASE ORDER AND CONTACT
PROCUREMENT SERVICES ON THE EMAIL PROVIDED