

Dispatch note - External service

Work Order no.	23-26779	Supplier	VIAMED
Order date	20/09/2023	Address	15 STATION ROAD, CROSS HILLS
Our reference			BD20 7DT KEIGHLEY
Contact person	ROSS BOWDEN	Your reference	SRS68565
Phone	02921745678	Phone	01535 634542
Fax		Fax	
Mobile phone		Package no	
Email	ROSS.BOWDEN@WALES.NHS.UK	Type of service	Returned to Manufacturer

Eq. no.	B134035	Serial no	PRO2450A13
Device type	SIMULATOR		
Brand	VIAMED		
Model	V1000 FETAL HEART		
Owner	6895	CLINICAL ENGINEERING TECHNICAL SERVICES ; CLINICAL DIAGNOSTICS & THERAPEUTICS ; CARDIFF AND VALE UHB	
Location	Q0CNW	CLINICAL ENGINEERING LABORATORY ; ; 20 FIELD WAY	

Message

REQUEST FOR QUOTE FOR SERVICE/CALIBRATION. PLEASE SEND QUOTE TO ROSS.BOWDEN@WALES.NHS.UK

Return date

Signature

Returned equipment should be setup from both a security and functional perspective, so that the equipment can be set directly into use without any further measures. A complete report detailing discovered faults, performed measures, changed components, measured values and performed functional controls and safety tests should be attached. These protocols do not release the supplier from the responsibility if a functional fault would appear that could jeopardize the safety of the staff or patients.

The goods are to be returned to the address below

Invoice address Finance Department
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Delivery address Clinical Engineering
20 Field Way
Heath, Cardiff
CF14 4HY

Signature