

**EQUIPMENT RETURNS PENDING NUMBER :**

**2024/025**

RMA / REF: \_\_\_\_\_

**SHIP TO**  
**VIAMED LTD**  
15 STATION ROAD, CROSSHILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
0153 563 4542

**JOB NUMBER:** 742406  
**DESCRIPTION:** V1000 Foetal Heart Simulator  
**MODEL:** Viamed Ltd  
**FAULT DESCRIPTION:** Calibration Required  
**ACCESSORIES:** \_\_\_\_\_

**ASSET No:** 1010010600  
**SERIAL No:** PRO2315A14

Please advise cost prior to carrying out repairs.

Please note that a service report should accompany the equipment where appropriate.  
To avoid delay in payment the invoice should be sent to Siemens plc c/o Data Capture Solution,  
PO Box 4728, Slough, SL1 0AE.

Yours Faithfully,

**Jan Driver**

Equipment Librarian

[janet.driver@siemens-healthineers.com](mailto:janet.driver@siemens-healthineers.com)

Please Cc: [Barnet.MES.med.gb@siemens-healthineers.com](mailto:Barnet.MES.med.gb@siemens-healthineers.com)

Tel: 020 8216 4978

**Declaration of Contamination Status**

Was the item contaminated?

Yes ☐ No ☒ Don't know ☐

**Type of contamination:** (e.g. Blood, body fluids, chemicals etc.)

Has the item been decontaminated?

Yes ☒ No ☐ Don't know ☐

**Method of decontamination:**

Cleaning

Disinfection

Sterilisation (if applicable)

Wiped with clinell

Please explain why the items has NOT been decontaminated: (if applicable)

n/a