

DEPARTMENT OF CLINICAL PHYSICS & BIOENGINEERING

ITEM FOR REPAIR / SERVICE FORM

Date: 13/11/24

To: Viamed

Address: 15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

From: Matthew Geddes
Position: Senior Assistant Technical Officer
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REQUEST FOR:- WARRANTY REPAIR ☐ REPAIR ☐ CALIBRATION ☒ ANNUAL SERVICE ☒

Please accept the enclosed equipment for your attention as marked above. Details are:-

Equipment:	531127	Serial No:	PR02041A10
Model:	V1000	Order No:	
Purchase/Acceptance Date:		Contract No:	
Physics Job No:			

REQUEST DETAILS

reference: SRS68958

Send me quotation for calibration

Note: PLEASE PROVIDE A QUOTE FOR THE REPAIR OF THE ABOVE MENTIONED EQUIPMENT.
NO CHARGEABLE WORK SHOULD BE CARRIED OUT ON THIS EQUIPMENT UNLESS
AUTHORISATION IS GIVEN, USUALLY BY RELEASING OUR PURCHASE ORDER NUMBER.

PLEASE INCLUDE A SERVICE REPORT WITH THE RETURNED EQUIPMENT.