

**Mid and
South Essex**NHS Foundation Trust
Medical Equipment Management Services**Product Return Form**

Work Order no	25-539	Supplier	VIAMED
Order date	07/01/2025	Address	15 STATION ROAD CROSS HILLS BD20 7DT KEIGHLEY
Our reference	25-539	Your reference	
Contact person	Branden Cockrill	Phone	01535 634542
Phone		Fax	01535 635582
Fax		No. of Packages	1
Mobile phone		Reason for return	Quotation for repair
Email			

Eq. no.	00573	Serial no	PR02094A27
Device type	Maternity Simulator		
Brand	VIAMED		
Model	V1000		
Owner	13683	Southend Hospital - Estates and Facilities Management - CG4 - Corporate - Mid and South Essex NHS Foundation Trust	
Location	13683	Southend Hospital - Estates and Facilities Management - CG4 - Corporate - Mid and South Essex NHS Foundation Trust	

Message

Please Provide Quotation for Repair to branden.cockrill@nhs.net

Return date**Signature**

The equipment should at return be controlled both from a security and functional perspective so that the equipment can be set directly into use without any further measures. A complete protocol over 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 Southend Hospital MEMS Dept
Prittlewell Chase
Westcliff-on-Sea
Essex
UK SS0 0RY**Delivery address** MEMS Southend hospital
Prittlewell Chase
Westcliff-on-Sea
Essex
UK SS0 0RY**Signature**