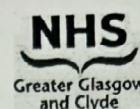


DEPARTMENT OF CLINICAL PHYSICS & BIOENGINEERING



ITEM FOR REPAIR / SERVICE FORM

Date: 13/06/2025

From: Zunair Iqbal
Position: Associate Practitioner
Technologist

Recipient Name: Viamed Ltd.
Address: 15 Station Road
Cross Hills
Keighley
BD20 7DT

Address: Medical Physics Department
Vale of Leven General Hospital
Alexandria
G83 0UA

Tel: 01389 817249
Email: zunair.iqbal@nhs.scot

GDPR Compliance:-

Does the equipment contain stored patient information: Yes ☐ No ☒

If yes, please supply a confirmation of receipt to the above contact information on day of delivery.

REQUEST FOR:- WARRANTY REPAIR ☐ REPAIR ☐ CALIBRATION ☒ ANNUAL SERVICE ☐

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

Equipment:	SIMULATOR,FOETAL MONITOR - Asset # 555748		
Model:	V1000	Serial No:	PRO2940A10
Purchase/Acceptance Date:	N/A	Order No:	N/A
Physics Job No:	3530058	Contract No:	N/A

REQUEST DETAILS

Request for calibration check and membrane replacement. Returns reference SRS69155. Unit batteries removed.

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.

DECONTAMINATION LABEL / FORM INCLUDED: YES ☐ NO ☒