

MIA Call-Off Agreement

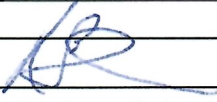

Note: An Authority should not enter into an MIA Call-Off Agreement unless there is a current Overarching Master Indemnity Agreement with current insurance in place, as evidenced by the fact that the Supplier is on Master Indemnity Agreement Register with current insurance that can be viewed at <https://www.supplychain.nhs.uk/mia>

This form is intended for use as a template only and should be **printed on the Authority's letterhead**. The document should not be altered in any other way, except for editing the input boxes in the right-hand columns of the form.

1	Supplier name	Viamed Ltd.
2	Supplier address (including post code)	15 Station Road, Cross Hills, Keighley, BD20 7DT
3	Contact name	Ryan Swaine
4	Contact email	ryan.swaine@viamed.co.uk
5	Telephone number	01535 634542
6	Company registration number	01291765
7	Is there an Overarching Master Indemnity Agreement in place with current insurance? If yes, state "Yes" and insert the MIA number here. If not, state "No":	No
8	Delivery date	29 th July - 1 st August (e Equipment to the Authority)
9	Authority	Southampton General Hospital
10	Authority address (including post code)	Southampton, SO16 6YD
11	Authority contact name	Yasir Elbahsir
12	Authority contact email	Yasir.Elbashir@uhs.nhs.uk
13	Authority telephone number	023812084349
14	Type of Equipment and its purpose	Pulse Oximeter (hand held)
15	Model and make	VM-2160 SMARTsat and 6x reusable sensors
16	Serial numbers	T2411200030, GJJ10076, IFO10107, CEN10072, IER10042, IEP10004, JGK10019
17	Value	£1389.20
18	Personal Data and Data Subjects	Will the MIA Call-Off Agreement involve the Processing of Personal Data? No [Please enter "yes" or "no" as appropriate] If yes, Schedule 1 - Information Governance and

v1.04

		System Security of the MIA Terms and Conditions shall apply and the Data Protection Protocol (appended below) must be completed by the parties and used
19	IT systems and Security of IT systems	<p>The Authority's IT systems are used to provide essential services</p> <p>If the Equipment is used for the purposes of any essential services or together with any of the Authority's IT systems, the extent of this should be detailed here:</p> <p>[enter text as appropriate]</p>
20	Timescales for request to audit for compliance with Data Protection Legislation and Security of IT Systems	[Insert agreed notice period if different to 4 week notice period as set in paragraph 3.10 of the Schedule to the MIA Terms and Conditions]
21	Loan or transfer?	[Loan Please note that where disposable Equipment is provided, the Loans should only be on a transfer basis]
22	Purpose of loan or transfer	For evaluation
23	Loan time period	<p>30 days [Complete only where the Equipment is to be loaned, not transferred]</p> <p>[Please state number of days, months or years and the date of commencement]</p>
24	Premises and locations at which the Equipment will be kept (including post codes)	Southampton General Hospital, Southampton, SO16 6YD
25	<p>In consideration of the Authority taking the Equipment on a loan or transfer basis for the purposes outlined above MIA Indemnity Agreement Terms and Conditions, the Authority and the Supplier confirm that the MIA Terms and Conditions shall apply to the provision of the above Equipment by the Supplier to the Authority (on either a loan or transfer basis as specified above) and that upon signature of this MIA Call-Off Agreement by both the Authority and the Supplier a legally binding agreement on such terms shall come into full force and effect between the parties incorporating such MIA Terms and Conditions. For the avoidance of doubt the MIA Terms and Conditions and any updates are published on the Master Indemnity Agreement website - https://www.supplychain.nhs.uk/mia</p>	

Signed on behalf of the Supplier	
Name and position of signatory	Ryan Swaine – Sales Manager
Date	28/07/2025
Signed on behalf of the Authority	Yasir Elbashir
Name and position of signatory	
Date	05/08/2025

Collection Confirmation Receipt - for Equipment on loan only