

**ENQUIRIES**

About this Order: MATMAN INTERFACE  
eMail: UHLSupplies@uhl-tr.nhs.uk

General Queries: procurement@uhl-tr.nhs.uk

UHL Internal Ref: 328187

**DELIVER TO**

PAED CARDIAC WD LVL1 KENS LRI  
C/O MATERIALS HANDLING UNIT  
LEICESTER ROYAL INFIRMARY  
GATE 9  
HAVELOCK STREET  
LEICESTER  
LE2 7HA

University Hospitals of Leicester  
NHS Trust

**SUPPLIER**

VIAMED LIMITED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
orders@viamed.co.uk

Tel: 01535 634542

**INVOICE ADDRESS**

Accounts Payable Department  
PO BOX 189  
Leicester Royal Infirmary  
LE1 5WP  
Email: AccountsPayable@uhl-tr.nhs.uk  
NHS Code: RWE.

**DETAILS****PURCHASE ORDER MM172434**

ORDER DATE: 03/09/25  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **04/09/25**  
DELIVERY POINT: L64135

| UHL CODE  | CONTRACT | SUPPLIER CODE | DESCRIPTION                                                    | QUANTITY | UNIT | ITEM PRICE | NETT VALUE |
|-----------|----------|---------------|----------------------------------------------------------------|----------|------|------------|------------|
| 1VML00015 | C331692  | 0021013       | 0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554<br>3CM BOX OF 12 | 4.00     | BOX  | 12.10      | 48.40      |

**CONDITIONS OF SUPPLY**

1. All invoices must quote Official Order No. and be rendered as directed.
2. All goods must be accompanied by a Delivery Note quoting Purchase Order No.
3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

|                    |       |
|--------------------|-------|
| <b>Net</b>         | 48.40 |
| <b>VAT</b>         | 9.68  |
| <b>Gross Total</b> | 58.08 |