15 STATION ROAD, CROSS HILLS

BD20 7DT KEIGHLEY

Returned to Manufacturer



Dispatch note - External service

Supplier

Address

Phone

Fax

Your reference

Work Order no.

25-31077

Order date

03/11/2025

Our reference

SRS69284 **ROSS BOWDEN**

Contact person Phone

02921745678

Fax

Mobile phone

Email

HS.UK

B134035

ROSS.BOWDEN@WALES.N

Serial no

Package no

Type of service

PRO2450A13

SRS69284

01535 634542

Device type **Brand**

SIMULATOR

VIAMED

Model

Eq. no.

V1000 FETAL HEART

Owner

6895

CLINICAL ENGINEERING TECHNICAL SERVICES; CLINICAL DIAGNOSTICS

& THERAPEUTICS ; CARDIFF AND VALE UHB

Location

Q0CNW

CLINICAL ENGINEERING LABORATORY; ; 20 FIELD WAY

Message

CALIBRATION - QUOTE TO BE SENT BY VIAMED WHEN DEVICE IS RECEIVED.

Return date

Signature

Returned equipment should be setup from both a security and functional perspective, so that the equipment can be set directly into use without any further measures. A complete report detailing 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

Finance Department University Hospital of Wales

Heath Park Cardiff **CF14 4XW** Delivery address

Clinical Engineering 20 Field Way Heath, Cardiff

CF14 4HY

Si	a	nature	
	3		