

DEPARTMENT OF CLINICAL PHYSICS & BIOENGINEERING



ITEM FOR REPAIR / SERVICE FORM

Date: 24/02/2026

From: Marlene Laverty
Position: Asst Clinical Engineer
Address: Queen Elizabeth University Hospital
 1345 Govan Road
 Glasgow
 G51 4TF

Recipient Name: SRS69375
 Viamed Ltd
Address: 15 Station Road
 Cross Hills
 BD20 7DT

Tel: 0141 452 3282
Email: Marlene.Laverty2@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:	Foetal Monitor Simulator (531127)		
Model:	V1000	Serial No:	PR02041A10
Purchase/Acceptance Date:		Order No:	SRS69375
Physics Job No:		Contract No:	

REQUEST DETAILS

V1000 annual service and functional check

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