

**Dispatch note - External service**

<b>Work Order no.</b>	26-13410	<b>Supplier</b>	VIAMED
<b>Order date</b>	25/02/2026	<b>Address</b>	15 STATION ROAD, CROSS HILLS BD20 7DT KEIGHLEY
<b>Our reference</b>	CALIBRATION - SERIAL NUMBER: PR02000A10		
<b>Contact person</b>	ROSS BOWDEN	<b>Your reference</b>	CALIBRATION - SERIAL NUMBER: PR02000A10
<b>Phone</b>	029 2184 5678	<b>Phone</b>	01535 634542
<b>Fax</b>		<b>Fax</b>	
<b>Mobile</b>		<b>Package no</b>	
<b>Email</b>	ROSS.BOWDEN@WALES.NHS.UK	<b>Type of service</b>	Returned to Manufacturer

<b>Eq. no.</b>	B131381	<b>Serial no</b>	PR02000A10
<b>Device type</b>	SIMULATOR		
<b>Brand</b>	VIAMED		
<b>Model</b>	V1000 FETAL HEART		
<b>Owner</b>	6895	CLINICAL ENGINEERING TECHNICAL SERVICES ; CLINICAL DIAGNOSTICS & THERAPEUTICS ; CARDIFF AND VALE UHB	
<b>Location</b>	Q0CNW	CLINICAL ENGINEERING LABORATORY ; ; 20 FIELD WAY	

**Message**

CALIBRATION - SERIAL NUMBER: PR02000A10

**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

**Signature**