

Service Repair Sheet SRS67479

Contact Name

Company/ Hospital Name

Department

Position

Direct Phone

General Phone

Opera Account

Email

Order Number

Date Received

Booked in By

Main Company

Type Return

Date Promised to Return: 01 Jan 1970 -3600

Shona Gaffney

Queen Elizabeth University Hospital

Medical Physics Department

0141 452 4365

0141 4523286

00001810

Shona.Gaffney@ggc.scot.nhs.uk

28/May/2020

Catherine Spence

Viamed

Quote

Notes 05/May/2020 Kate Griffiths

05/May/2020 Kate Griffiths

Customer would like to send in VM-2500-S serial no. A1610160016. "CO2 operating ok, but SPO2 section of screen states Device Defective." Aware there may be a long lead time.

28/May/2020 Catherine Spence

received in, unit only

Ready For quote

CC Neen 16.6.2020

Repair Complete Signed

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN32465	Capnograph	4410520	A1610160016	N

4440000 @ 0.25 @ £90 = £ 22.50
S/N, SRS, SRN

UPS x 1 @ £10.

DEPARTMENT OF CLINICAL PHYSICS & BIOENGINEERING

ITEM FOR REPAIR / SERVICE FORM

Date: 07/05/20

To: Service Dept.

From: Shona Gaffney

Address: Repairs Team (SRS67479)
Viamed LTD
15 Station Road
Cross Hills
Keighly
West Yorkshire BD20 7DT

Position: Medical Physics Technician
Address: Medical Physics Department
2nd Floor
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF

Tel: 0141 4524365

Fax:

Email: shona.gaffney@ggc.scot.nhs.uk

REQUEST FOR:- WARRANTY REPAIR ☐ REPAIR ☒ CALIBRATION ☐ ANNUAL SERVICE ☐

Please accept the enclosed equipment for your attention as marked above. Details are:-

Equipment:	CO2/SPO2 monitor		
Model:	VM-2500-S	Serial No:	A1610160016
Purchase/Acceptance Date:	Sept 2017	Order No:	GPUR1326102
Physics Job No:	3288485	Contract No:	

REQUEST DETAILS

CO2 operating ok, but SPO2 shows 'Device Defective' despite fitting new extension cable.
Please supply a repair quotation.

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 ☐