

Service Repair Sheet SRS67471

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

David McNeill

Royal Alexandria Hospital

Medical Physics Dept

0141 314 6637

00004080

David.McNeill@ggc.scot.nhs.uk

27/May/2020

Catherine Spence

Viamed

Quote

Notes Customer would like to send in DB3 Serial no. M0004380 for repair. Aware we cannot give timescales as yet.

27/May/2020 Catherine Spence

Microstim S/N :M0004380

DBS Switch is not working correctly. may have other faults

Ready For quote

CG Neill 16.6.2020

Repair Complete Signed

| SRN | Equipment | Stock Ref | Serial Number | Warranty |
|----------|---------------|-----------|---------------|----------|
| SRN32455 | Microstim DB3 | 2510000 | M0004380 | N |

2540010 x 1 @ £45

S/N, SRS, SRN

UPS x 1 @ £10.

DEPARTMENT OF CLINICAL PHYSICS & BIOENGINEERING

ITEM FOR REPAIR / SERVICE FORM

Date: 07/04/2020

To: Viamed Ltd, REPAIRS TEAM

Address: 15 STATION RD,
CROSSHILLS,
KEIGHLEY,
WEST YORKSHIRE,
BD20 7DT

From: David McNeill

Position: Technologist

Address: Medical Physics Dept, Royal Alexandra
Hospital, Corsebar Rd, Paisley, PA2
9PN

Tel: 0141 314 6637

Fax:

Email: David.Mcneill@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: | Nerve stimulator | | |
| Model: | Microstim DB3 | Serial No: | M0004380 |
| Purchase/Acceptance Date: | | Order No: | |
| Physics Job No: | 3336745 | Contract No: | |

REQUEST DETAILS

Please repair. DBS switch is not working correctly. May be more faults.

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 ☐