Delivery address Stephanie Davies Wrexham Maelor Hospital Croesnewydd Road Wrexham LL13 7TD

Sale or Return Goods SOR932

Barcode Serial Number Stock Ref Description
1750587 T3D202002123 2510091 TOF 3D Neuromuscular Transmission Monitor

MIA CALL-OFF AGREEMENT

Note: An Authority should not enter into an MIA Call-Off Agreement unless either:

- (i) There is a current Overarching Master Indemnity Agreement with current insurance in place, as evidenced by the fact that the Supplier is on Master Indemnity Agreement Register with current insurance that can be viewed at: https://www.gov.uk/government/publications/master-indemnity-agreement-mia; or
- (ii) In exceptional circumstances for reasons of urgency where it is not possible for the Supplier to enter into an Overarching Master Indemnity Agreement prior to the delivery of the Equipment or where the insurance is not current and where the Authority itself has carried out its own checks and confirmed that the Supplier has appropriate current public liability and product liability insurance in place in respect of public liability and product liability covering the Equipment with the minimum cover per claim of five million pounds (GBP) (£5,000,000) in accordance with the requirements of the Master Indemnity Agreement Terms and Conditions (August 2016)

Company Name: ("Supplier")	Viamed Ltd			
Address:	15 Station Road, Cross Hills, Keighley, West Yorkshire			
		Postcode:	BD20 7DT	
Contact Name:	Sophie Lines			
Contact E-Mail:	sophie.lines@viamed.co.uk			
Telephone No.:	01535 634542		p	
Company Registration Number (i.e. the registration number of 01291765				
the Company at Companies House or other relevant national				
companies registry):				
Is there an Overarching Master Indemnity Agreement in place			DHMIA/1588/16	
with current insurance? If yes, state "Yes" and insert the MIA				
number here. If not, state "No": This box only requires completing where there is				
no Overarching Master Indemnity Agreement in place with current insurance. In these circumstances, the Authority should				
check that the insurance requirements have been met as per the				
note in red above and state "Insurances Checked by the				
Authority" here.				
•				

Delivery Date:	23 August 21	(being the date of delito the Authority)	very of the Equipment	
Authority:	Wrexham Maelor Hospital			
Authority Address:	Croesnewydd Road			
N76	Wrexham	Postcode:	LL13 7TD	
Authority Contact Name:	Stephanie Davies			
Authority Contact E-Mail:	stephanie.davies2@wales.nhs.uk			
Authority Telephone No.:	01978 725678			
The Equipment to be supplied by the Supplier to the Authority				
Type of Equipment and its purpose:		ar Transmission Monito ar Transmission Monitor		

Model/Make:	2510091 TOF 3D Neuromuscular Transmission Monitor			
Serial Nos.:	T3D202002123			
Value:	£1400			
Loan or				
transfer?:				
Note. Where				
disposable				
Equipment is	Loop			
provided, this	Loan			
should be on a				
transfer basis.	T.			
Purpose of	Cala an Datuma trial to data	maine evitability prior to purabage		
loan or	Sale of Return that to deter	mine suitability prior to purchase		
transfer:	ha aansalatad anla sahasa th	a Faniamentia ka laanady.		
Loan Period (to	be completed only where th	e Equipment is be loaned):		
[30 days	/mwwwwwww (delete as an	propriate)] commencing on [23] day of		
[30 days		propriate) commencing on [25] day of		
	ocation(s) at which the Equi	nment will be kent:		
Tremises and Lo	cation(s) at which the Equi	pment win be kept.		
In consideration	of the Authority taking the	Equipment on a loan or transfer basis for the		
		nge of obligations under the Master Indemnity		
	Terms and Conditions (August 2016), the Authority and the Supplier confirm			
	ndemnity Agreement Terms and Conditions (August 2016) shall apply to the			
	provision of the above Equipment by the Supplier to the Authority (on either a loan of			
		n signature of this MIA Call-Off Agreement by		
		binding agreement on such terms shall come		
		arties incorporating such Master Indemnity		
	Agreement Terms and Conditions (August 2016), which shall be effective from the delivery			
date of the Equipment as set out above.				
Dry planing 41.	MIA Call Off A	the Cumplion also southern delicer of the		
		the Supplier also confirms delivery of the		
Equipment detailed above to the Authority. By signing this MIA Call-Off Agreement, the Authority also acknowledges receipt of the Equipment detailed above on the delivery date				
referred to above.		quipment detaned above on the derivery date		
	alf of the Supplier:			
SIGNED ON BEI	an of the Supplier.	\ \rac{1}{2}		
		Viamed Ltd		
Name and positi	on:	Sophie Lines		
•				
-		00/00/04		
Date:		23/08/21		
SIGNED on beh	alf of the Authority:			
Name and positi	on:			
Faran	-Philosophia and			
Date:				

COLLECTION CONFIRMATION RECEIPT (for Equipment on loan only)				
To be completed at the point the Equipment is collected by the Supplier.				
The second secon	Constitution of the consti			
Without prejudice to the Authority's rights und	der this MIA Call-Off Agreement in relation to			
any outstanding obligations and/or liabilities of the Supplier, the Authority confirms				
collection by the Supplier, and the Supplier confirms receipt, of the Equipment detailed on				
the front page of this MIA Call-Off Agreement	·			
Date of Collection:				
SIGNED on behalf of the Authority:				
Name and position:				
The state of the s				
Date:				
SIGNED on behalf of the Supplier:				
STOTIED on behan of the Supplier.				
NT				
Name and position:				
Date:				