Delivery address
Peter Lee
Kings Mill Hospital
Medical Equipment Management Department (MEMD)
Mansfield Road
Sutton in Ashfield
NG17 4JL

Sale or Return Goods SOR934

Barcode	Serial Number	Stock Ref	Description
1750586	T3D202002122	2510091	TOF 3D Neuromuscular Transmission Monitor
1741291	-	2520110	TOF 3D Hand Adapter
1741295	-	2520113	TOF 3D Pole Mount (Variant A, Premium)
1845261	-	2530132	TOF 3D Eye Adapter - single part

- (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	s Hills, Keighley, West Y	orkshire orkshire	
8		Postcode:	BD20 7DT	
Contact Name:	Steve Hardaker			
Contact E-Mail:	steve.hardaker@viame	ed.co.uk		
Telephone No.:	01535 634542		n:	
Company Registration	on Number (i.e. the re	gistration number of	01291765	
the Company at Co	mpanies House or oth	er relevant national		
companies registry):				
Is there an Overarch	ning Master Indemnity	Agreement in place	DHMIA/1588/16	
with current insuran	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			
	and the community for the region of the regi			
	ster Indemnity Agree			
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:	21 September 21	(being the date of delivery of the Equipment to the Authority)		
Authority:	Kings Mill Hospital	57.0		
Authority Address:	Medical Equipment M	anagement Department	(MEMD) Mansfield Road	Sutton in Ashfield
87/-		Postcode:	NG17 4JL	
Authority Contact	Peter Lee			
Name:				
Authority Contact	peter.lee3@nhs.net			
E-Mail:				
Authority	01623 672 215			
Telephone No.:				
The Equipment to b	e supplied by the Suppl	lier to the Authority		
Type of		3.000		
Equipment	TOF 3D Neuromuscular Transmission Monitor			
and its	Monitoring neuromuscular transmission during anaesthesia			
purpose:	g and g and a second and g and g a second and g			

Model/Make:	2510091 TOF 3D Neuromi	scular Transmission Monitor		
Serial Nos.:	T3D202002122	accular framemocion memor		
Value:	£1400			
Loan or	2.100			
transfer?:				
Note. Where				
disposable				
Equipment is	Loan			
provided, this	Loan			
should be on a transfer basis.				
Purpose of	TC.			
loan or	Sale Or Return trial to dete	rmine suitability prior to purchase		
transfer:	Caro or recarr that to dote	Triming datability prior to parenage		
S. SINGERTARIA DIRECTOR POR CONTROL VICTOR VI	be completed only where th	e Equipment is be loaned):		
		- 		
[30 days 09] 20[propriate)] commencing on [21] day of		
Premises and Lo	ocation(s) at which the Equi	pment will be kept:		
In consideration	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			
	r Indemnity 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 or				
		n signature of this MIA Call-Off Agreement by		
		binding agreement on such terms shall come		
		arties incorporating such Master Indemnity		
		16), which shall be effective from the delivery		
date of the Equip	ment as set out above.			
By signing this	MIA Call-Off Agreement	the Supplier also confirms delivery of the		
		By signing this MIA Call-Off Agreement, the		
		quipment detailed above on the delivery date		
referred to above		pro seti		
SIGNED on beh	alf of the Supplier:	Mu		
		Viamed Ltd		
Name and positi	on:	Steve Hardaker		
Time and positi				
		Technical Support Manager		
Date:	(4) (2) (1) W	21/09/21		
SIGNED on beh	alf of the Authority:			
Name and positi	on:			
L'ame and positi	100.00.T			

COLLECTION CONFIRMATION RECEI	PT (for Equipment on loan only)	
To be completed at the point the Equipment is collected by the Supplier.		
The second secon	Constitution of the second constitution of the s	
Without prejudice to the Authority's rights und	der this MIA Call-Off Agreement in relation to	
	es of the Supplier, the Authority confirms	
	onfirms 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:		

- (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, Cros	s Hills, Keighley, West Y	'orkshire	
		Postcode:	BD20 7DT	
Contact Name:	Steve Hardaker			
Contact E-Mail:	steve.hardaker@viame	ed.co.uk		
Telephone No.:	01535 634542		n:	
Company Registration	on Number (i.e. the re	gistration number of	01291765	
the Company at Co	mpanies House or oth	ner relevant national		
companies registry):				
Is there an Overarch	ning 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:	21 September 21	(being the date of delivery of the Equipment to the Authority)		
Authority:	Kings Mill Hospital	28832		
Authority Address:	Medical Equipment M	anagement Department	(MEMD) Mansfield Road	Sutton in Ashfield
876		Postcode:	NG17 4JL	
Authority Contac	Peter Lee			
Name:				
Authority Contac	peter.lee3@nhs.net	peter.lee3@nhs.net		
E-Mail:				
Authority	01623 672 215			
Telephone No.:	Telephone No.:			
The Equipment to b	e supplied by the Suppl	lier to the Authority		
Type of	A(C) (11 C) (12 C) (13	3100		
Equipment	TOF 3D Hand Adapter			
and its	Accessory for TOF 3D Neuromuscular Transmission Monitor			
purpose:	,			

200000 220 2007222400 000	D		
Model/Make:	2520110 TOF 3D Hand Ad	apter	
Serial Nos.:	Barcode ID: 1741291		
Value:	£38.5		
Loan or			
transfer?:			
Note. Where			
disposable			
Equipment is			
provided, this	Loan		
should be on a			
transfer basis.			
Purpose of	0.		
loan or	Sale Or Return trial to dete	rmine suitability prior to purchase	
transfer:		,, ,	
The state of the s	be completed only where th	e Equipment is be loaned):	
Louis Terrou (to	be completed only where the	e Equipment is be founeu).	
30 days	/mXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	propriate)] commencing on [21] day of	
1 30 days		propriate) commencing on [21] day of	
	cation(s) at which the Equi	nment will be kent:	
Tremises and Lo	cation(s) at which the Equi	pment win be kept.	
To annidention	-C dl Adli4 4-1-i 41 1		
		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		
	Indemnity Agreement Terms and Conditions (August 2016) shall apply to the above Equipment by the Supplier to the Authority (on either a loan or		
	of the above Equipment by the Supplier to the Authority (on either a loan or axis as specified above) and that upon signature of this MIA Call-Off Agreement by		
transfer basis as specified above) and that upon signature of this MIA Call-Off Agreement by			
	both the Authority and the Supplier a legally binding agreement on such terms shall come		
		arties incorporating such Master Indemnity	
		16), which shall be effective from the delivery	
date of the Equip	ment as set out above.		
By signing this	MIA Call-Off Agreement,	the Supplier also confirms delivery of the	
Equipment detail	ed above to the Authority. I	By signing this MIA Call-Off Agreement, the	
Authority also ac	knowledges receipt of the E	quipment detailed above on the delivery date	
referred to above.	5005	50 mm occi	
SIGNED on beh	alf of the Supplier:	20	
	6.5	Viamed Ltd	
		Viaineu Liu 9	
Name and positi	on:	Steve Hardaker	
		Technical Support Manager	
_			
Date:		21/09/21	
SIGNED on beh	alf of the Authority:		
Name and pasit	an.		
Name and positi	OII:		
Date:			

COLLECTION CONFIRMATION RECEI	PT (for Equipment on loan only)	
To be completed at the point the Equipment is collected by the Supplier.		
The second secon	Constitution of the second constitution of the s	
Without prejudice to the Authority's rights und	der this MIA Call-Off Agreement in relation to	
	es of the Supplier, the Authority confirms	
	onfirms 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:		

- (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	s Hills, Keighley, West Y	orkshire orkshire	
8		Postcode:	BD20 7DT	
Contact Name:	Steve Hardaker			
Contact E-Mail:	steve.hardaker@viame	ed.co.uk		
Telephone No.:	01535 634542		n:	
Company Registration	on Number (i.e. the re	gistration number of	01291765	
the Company at Co	mpanies House or oth	er relevant national		
companies registry):				
Is there an Overarch	ning Master Indemnity	Agreement in place	DHMIA/1588/16	
with current insuran	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			
	and the community for the region of the regi			
	ster Indemnity Agree			
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:	21 September 21	(being the date of deli to the Authority)	(being the date of delivery of the Equipment to the Authority)	
Authority:	Kings Mill Hospital	* 35.5		
Authority Address:	Medical Equipment M	anagement Department	(MEMD) Mansfield Road	Sutton in Ashfield
87/2		Postcode:	NG17 4JL	
Authority Contac	t Peter Lee			
Name:				
Authority Contac	t peter.lee3@nhs.net	peter.lee3@nhs.net		
E-Mail:				
Authority	01623 672 215	01623 672 215		
Telephone No.:				
The Equipment to	be supplied by the Supp	lier to the Authority		
Type of	973(1) 45(1) - 200(4) - 200 - 200	a (D2)		
Equipment	TOF 3D Pole Mount (TOF 3D Pole Mount (Variant A, Premium)		
and its	Accessory for TOF 3D	Accessory for TOF 3D Neuromuscular Monitor		
purpose:	,			

	r		
Model/Make:	2520113 TOF 3D Pole Mou	unt (Variant A, Premium)	
Serial Nos.:	Barcode ID: 1741295		
Value:	£66.75		
Loan or			
transfer?:			
Note. Where			
disposable			
Equipment is			
provided, this	Loan		
should be on a			
transfer basis.			
Purpose of			
loan or	Sale Or Return trial to dete	rmine suitability prior to purchase	
transfer:			
Loan Period (to	be completed only where th	e Equipment is be loaned):	
	,	-1-1	
[30 days	/mXXXXXXXXXXX (delete as an	propriate)] commencing on [21] day of	
[09] 20[propriate)] commencing on [21] any or	
	ocation(s) at which the Equi	nment will be kent:	
	(a) — 1		
In consideration	of the Authority taking the 1	Equipment on a loan or transfer basis for the	
purposes outlined above and the mutual exchange of obligations under the Master Indemnity Agreement Terms and Conditions (August 2016), the Authority and the Supplier confirm			
	Indemnity Agreement Terms and Conditions (August 2016) shall apply to the		
	e above Equipment by the Supplier to the Authority (on either a loan or		
	basis as specified above) and that upon signature of this MIA Call-Off Agreement by		
	transfer basis as specified above) and that upon signature of this MIA Call-Off Agreement by both the Authority and the Supplier a legally binding agreement on such terms shall come		
		arties incorporating such Master Indemnity	
		16), which shall be effective from the delivery	
date of the Equip	ment as set out above.		
D	NGA G 11 OK A		
		the Supplier also confirms delivery of the	
		By signing this MIA Call-Off Agreement, the	
		quipment detailed above on the delivery date	
referred to above			
SIGNED on beh	alf of the Supplier:	Viamed Ltd	
		Viamed Ltd	
Name and positi	on:	Ota - Handala	
Traine and positi	UII.	Steve Hardaker	
		Technical Support Manager	
Date:		21/09/21	
	alf of the Authority:	· · · · ·	
aron and on ben	and a manufacture of the same		
Name and positi	on:		
			
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	
	es of the Supplier, the Authority confirms	
	onfirms 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:		

- (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:	Steve Hardaker		
Contact E-Mail:	steve.hardaker@viamed.co.uk		
Telephone No.:	01535 634542		n:
Company Registration Number (i.e. the registration number of 01291765			
the Company at Co	mpanies House or otl	ner relevant national	
companies registry):			
Is there an Overarch	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:	21 September 21	(being the date of deli to the Authority)	very of the Equipment	
Authority:	Kings Mill Hospital			
Authority Address:	Medical Equipment Management Department (MEMD) Mansfield Road		Sutton in Ashfield	
		Postcode:	NG17 4JL	
Authority Contact	Peter Lee			
Name:				
Authority Contact	peter.lee3@nhs.net			
E-Mail:				
Authority	01623 672 215			
Telephone No.:				
The Equipment to be supplied by the Supplier to the Authority				
Type of				
Equipment TOF 3D Eve Adapter - single part				
and its	TOF 3D Eye Adapter - single part Accessory for TOF 3D Neuromuscular Monitor			
purpose:				

Model/Make:	2530132 TOF 3D Eye Adapter - single part		
Serial Nos.:	Barcode ID: 1845261		
Value:	£		
Loan or transfer?:			
Note. Where			
disposable			
Equipment is	Transfer		
provided, this	Transiei		
should be on a			
transfer basis.			
Purpose of loan or	Sale Or Return trial to dete	rmine suitability prior to purchase	
transfer:	Sale Of Return that to dete	Thine Suitability prior to purchase	
	be completed only where th	e Fauinment is he loaned):	
Loan I criou (to	be completed only where th	e Equipment is be to anea).	
[30 days/months/years (delete as appropriate)] commencing on [] day of [20[]			
Premises and Lo	cation(s) at which the Equi	pment will be kept:	
In consideration of the Authority taking the Equipment on a loan or transfer basis for the purposes outlined above and the mutual exchange of obligations under the Master Indemnity Agreement Terms and Conditions (August 2016), the Authority and the Supplier confirm that the Master Indemnity 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 or transfer basis as specified above) and that upon signature of this MIA Call-Off Agreement by both the Authority and the Supplier a legally binding agreement on such terms shall come into full force and effect between the parties 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. By signing this MIA Call-Off Agreement, 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.			
	alf of the Supplier:	Na	
		Viamed Ltd ///	
Name and positi	on:	Steve Hardaker Technical Support Manager	
Date:		21/09/21	
SIGNED on beh	alf of the Authority:		
Name and positi	on:		
Data:			

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	
	es of the Supplier, the Authority confirms	
	onfirms 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:		