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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Joel Fowler
Cumberland Infirmary	North Cumbria Integrated Care NHSFT	Contact Tel	: 01228523444
Receipt And Distribution	Accounts Payable	Account	00000980
Newtown Road	Parkhouse Building Kingmoor Park	Customer Reference	RNNN400309106
Carlisle	Baron Way	Date	27 Feb 2026
CA2 7HY	Carlisle	Priority	3
	CA6 4SJ		

Order Confirmation CVM161976 Priced In UK Pounds
 CIP Carriage and Insurance Paid To Viamed North Cumbria University * Incoterms(R) 2020 Page 1

Your Viamed Contact for this Order Confirmation : cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000	V1000 Foetal Heart Simulator Service and Functional Check	1	65.00	13.00	78.00
	S/N:PR01225A15 SRS69365 SRN38542				
1430309	V1000 Transducer Interface Cushion	1	0.00	0.00	0.00
	SRS69365 SRN38542				
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40
				Total Net:	77.00
				Total Vat:	15.40
				Total:	92.40

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
Terms and conditions	https://www.viamed.co.uk/terms