Viamed Ltd 15 Station Road Cross Hills Keighley, West Yorkshire BD20 7DT, United Kingdom Tel: +44 (0) 1535 634542 Fax: +44 (0) 1535 635582

Reigniey, West Yorksnire BD20 7DT, United Kingdom Tel: +44 (0) 1535 634542 Fax: +44 (0) 1535 635582 Email: info@viamed.co.uk VAT Reg No: GB287389593 Company Reg No: 01291765 Eori No: GB287389593000 Viamed Ltd



Delivery Address

Seadown Veterinary Hospital

Frost Lane Hythe Southampton SO45 3NG Invoice Address

CVS Group PLC CVS House Owen Road Diss IP22 4ER Contact Name Contact Tel : Anna Jennings : 02380842237

Contact Tel

Account

CID26413 FACVS006927

Date

08 Nov 2023

Priority
Valid until

Customer Reference

: 3 : 08 Dec 2023

Priced In

: UK Pounds

## Proforma Invoice MVM145972

Page 1

CIP Carriage and Insurance Paid To Seadown Vets, UK \* Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: kate.griffiths@viamed.co.uk

Item Reference Description Quantity Unit Vat Total 2510091 TOF 3D Neuromuscular Transmission Monitor 280.00 1,680.00 1 1,400.00 REF:2510091 Includes standard accessories: 2510102 Main Patient Cable REF 5750108 2510103 Stimulation Cable with pinch clamps REF 5750107 510104 Acceleration (AMG) Transducer REF 5750105 1 x Sealing Cover for Main Patient Cable 1 x Sealing Cover for Data Interface Socket

4 x AA 1.5V batteries

The device uses standard paediatric electrodes, which Viamed does not supply, but which are readily available through standard supply chain channels. Instructions for Use are supplied in accordance with the Medical Device Regulation, and the device is for use by suitably qualified personnel: specialists, anaesthetists and nurses with specialization in anaesthesia care. In addition, we can supply training materials for use by the Hospital Clinical Educator, these include: PowerPoint training presentation and a Windows based simulator which provides full operation simulation of the device. We also offer support to Clinical Educators. However, we currently do not include on-site training.

Banking details Bank Sort Code Account Number IBAN BIC BIC Barclays Bank PLC 20-78-42 00906662 GB05BUKB20784200906662 BUKBGB22

1 x Instructions for Use

Full proforma amount to be credited to our account net of all bank charges. Claims: Please claim non delivery within 14 days of invoice. Shortages or damage within 3 days of receipt. Claims after these times cannot be entertained. Title to goods does not pass until payment in full has been received. Proforma Valid for 30 days only.

Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.

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## Viamed Ltd



**Delivery Address** 

Invoice Address

Contact Name : Anna Jennings Contact Tel : 02380842237

Seadown Veterinary Hospital

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Page 2

CIP Carriage and Insurance Paid To Seadown Vets, UK \* Incoterms(R) 2020

Quantity Unit Vat Total Item Reference Description Unit PPUPS1 **UPS Courier Delivery - Standard** 1 12.00 2.40 14.40

> Total Net: 1,412.00

Total Vat: 282.40

Total: 1.694.40

Banking details BIC Barclays Bank PLC Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662

BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

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