



17 October 2009
Shipper 9W9638
Page 2 of 9

CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: ELLEN FOSTER
THE IPSWICH HOSPITAL
MAIN STORES EME NORTH WOODBRID
IPSWICH IP45PD

Shipper Number.....	9W9638	Pickup Date.....	15/10/09
Number of Parcels.....	1	Weight.....	1.00
Tracking Identification Number...	1Z9W96386854532032	Merchandise.....	unknown

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR
RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS
CAUSES.

LDI 14
T890NTFM:000A0000

000009



17 October 2009
Shipper 9W9638
Page 3 of 9

BILL TO UPS:

If you are filing your claim electronically, please complete this form online. To fax or post your claim, please complete this form, using black ink only. Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. The preceding letter includes instructions on filing a claim and a toll free fax number for your convenience 24 hours a day.

For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549192201A**.

SHIPMENT TO: ELLEN FOSTER
THE IPSWICH HOSPITAL
MAIN STORES EME NORTH WOODBRID
IPSWICH IP45PD

Shipper Number..... 9W9638 Pickup Date..... 15/10/09
Number of Parcels..... 1 Weight..... 1.00
Tracking Identification Number... 1Z9W96386854532032 Merchandise..... unknown

QUANTITY	DESCRIPTION OF ITEM(S)	COST
1	Replacement of Ted 200T	\$ 240.00

TRANSPORTATION CHARGES:

TOTAL AMOUNT CLAIMED:

WEIGHT OF LOST OR DAMAGED MERCHANDISE 1 KGS LBS

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON PHONE: 01535 631513

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): *as above*

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents to: 0800-7316954

To File a claim by Post:

Post this completed Request for Claim Payment form and your other documents to:

CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY

LDI 14
T890NTFM:000A0000



AAREQP5101

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VIAMED

INVOICE



Invoice Address

Ipswich Hospital NHS Trust
Creditors
Heath Road
Ipswich

IP4 5PD

Delivery Address

The Ipswich Hospital
Main Stores EME North
Woodbridge Road East
Ipswich

IP4 5PD

Customer Ref. E0117648
Account 00002320

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	total £	VAT
0140003	labour charge - Repair of TED 200T oxygen monitor. s/n 120303	0.25	90.00		22.50	1
0140011	Functional test. Calibration checks at 20.9% and 100% oxygen. Battery test/s.					
	Repair warranty covers work carried out and part/s replaced.					
	Validity - Six months from date of invoice.					
	SRN14820 SRS61759					
	Oxygen sensor evaluation.					
	Manufacturer:					
	Model:					
	Part number:0110057					
	Serial number:368791					

LISAL

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.
For credit of:
VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Goods Total

VAT

Invoice Total

Claims: Please claim non delivery within 7 days of invoice, shortages or damages 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.

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone : +44 (0)1535 635542
Fax : +44 (0)1535 635582
Email : info@viamed.co.uk

VIAMED

INVOICE

CONTINUATION PAGE 2

Invoice Address

Ipswich Hospital NHS Trust
Creditors
Heath Road
Ipswich

Delivery No. DEL45429
Invoice No. IN108368
Delivery Date 14/10/09

Delivery Address
The Ipswich Hospital
Main Stores EME North
Woodbridge Road East
Ipswich

Tax Point 14/10/09
Customer Ref. E0117648

IP4 5PD

PRODUCT CODE DESCRIPTION

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC. %	Total £	VAT
PPUPSI	Test result: No fault found SRN14821 SRS61759 Courier delivery - Standard.	1	8.50		8.50	1

LISAL

Ellen Foster 01473 704955

Goods Total

31.00

VAT

4.66

Invoice Total

35.66

Vat Registration number: GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to: Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of: VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice, shortages or damages within 3 days of receipt.

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17 October 2009
Shipper 9W9638
Page 8 of 9

CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

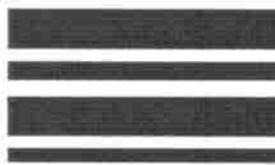
SHIPMENT TO: MR MARK HUMPHRIES
BOUND TREE MEDICAL EUROPE LT
UNIT 3 STAG BUSINESS PARK DEER
TELFORD TF27NA

Shipper Number.....	9W9638	Pickup Date.....	15/10/09
Number of Parcels.....	1	Weight.....	6.00
Tracking Identification Number...	1Z9W96386852009067	Merchandise.....	unknown

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.



17 October 2009
Shipper 9W9638
Page 9 of 9



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For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549196201A**.

SHIPMENT TO: MR MARK HUMPHRIES
BOUND TREE MEDICAL EUROPE LT
UNIT 3 STAG BUSINESS PARK DEER
TELFORD TF27NA

Shipper Number..... 9W9638 Pickup Date..... 15/10/09
Number of Parcels..... 1 Weight..... 6.00
Tracking Identification Number... 1Z9W96386852009067 Merchandise..... unknown

QUANTITY	DESCRIPTION OF ITEM(S)	COST
50	MD300-D Finger Pulse OXIMETERS	£52.50
50	Soft carry cases for use with MD300-D	£1.38
	TRANSPORTATION CHARGES:	£ 6.50
	TOTAL AMOUNT CLAIMED:	£2673.00
	6.8 <input checked="" type="checkbox"/> KGS <input type="checkbox"/> LBS	

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON PHONE: 01535 636542

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): as above

To File a claim by Fax:
Fax this completed Request for Claim Payment form and your other documents
to: 0800-7316954

To File a claim by Post:
Post this completed Request for Claim Payment form and your other documents to:

CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY

LDI 14
T890NTFM:000A0000



AAREQPL901

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VIAMED

INVOICE



Invoice Address

Bound Tree Medical Europe Ltd.
 Unit 3 Stag Business Park
 Deer Park Way
 Donnington Wood
 Telford
 TF2 7NA

Delivery Address

Bound Tree Medical Europe Ltd.,
 Unit 3 Stag Business Park
 Deer Park Way
 Donnington Wood
 Telford
 TF2 7NA

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	Total £	VAT
2810011	MD300-D Finger Pulse Oximeter. OLED display.	50	52.50		2625.00	1

Warranty: 12 months from date of invoice.
 s/n 09171040011-20 09171040051-70 09171040131
 09171040132-133 09171040135-37 09171040139
 09171040140 09171041994 09231040001
 09231040002-09 171040138 9171040134
 Soft Carrying Case (Black) for use with
 Viamed VM 2101 finger pulse oximeter.
 Courier delivery - Standard.

PPUPSL
1
1

Emailed order. Includes free of charge carry cases as agreed.

S.JH	Vat Registration number: GB 287 3895 93 Terms: Nett 30 days from date of invoice. Terms and conditions: www.viamed.co.uk/terms.htm Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks. For credit of VIAMED Ltd, £ A/C No. 000906662 Bank Sort Code 20-78-42. BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662	Goods Total 2625.00
	VAT 393.75	VAT 393.75
	Invoice Total 3018.75	Invoice Total 3018.75

Claims: Please claim non delivery within 7 days of invoice,
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15 Station Road, Cross Hills, Keighley
 West Yorkshire, BD20 7DT, UK
 Telephone : +44 (0) 1535 634542
 Fax : +44 (0) 1535 635582
 Email : info@viamed.co.uk



17 October 2009
Shipper 9W9638
Page 6 of 9

CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: STANLEY BALACHANDER
PAPWORTH HOSPITAL
GOODS INWARDS PAPWORTH EVERARD
CAMBRIDGE CB233RE

Shipper Number.....	9W9638	Pickup Date.....	15/10/09
Number of Parcels.....	1	Weight.....	1.00
Tracking Identification Number...	1Z9W96386852038357	Merchandise.....	unknown

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.

LDI 14
T890NTFM:000A0000

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17 October 2009
Shipper 9W9638
Page 7 of 9



BILL TO UPS:

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For future reference, this claim is identified by **Shipper number 9W9638** and by **Claim number 9549194501A**.

SHIPMENT TO: STANLEY BALACHANDER
PAPWORTH HOSPITAL
GOODS INWARDS PAPWORTH EVERARD
CAMBRIDGE CB233RE

Shipper Number..... 9W9638 Pickup Date..... 15/10/09
Number of Parcels..... 1 Weight..... 1.00
Tracking Identification Number..... 1Z9W96386852038357 Merchandise..... unknown

QUANTITY	DESCRIPTION OF ITEM(S)	COST
5	Sensor Cables	£20.00
3	Oxygen Sensors B17med	£102.00
3	Oxygen Sensors T7	£102.00
		£6.50
		£310.50

TRANSPORTATION CHARGES:

TOTAL AMOUNT CLAIMED:

WEIGHT OF LOST OR DAMAGED MERCHANDISE

1.2

KGS LBS

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: STEVE NIXON

PHONE: 01535 636542

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): as above

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents
to: 0800-7316954

To File a claim by Post:

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CLAIMS DEPARTMENT (UKG)
UNITED PARCEL SERVICE LIMITED
UPS House
Forest Road
Feltham
Middlesex TW13 7DY

LDI 14
T890NTFM:000A0000



AAREQP5Q01

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VIAMED

INVOICE

Invoice Address
 Papworth Hospital
 Papworth Everard
 Accounts Department
 Cambridge

CB23 3RE

Delivery Address
 Papworth Hospital
 Goods Inwards
 Papworth Everard
 Cambridge

CB23 3RE

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC. %	Total £	VAT
0131201	AX300 & MX300 Sensor cable, R17MED s/n 1888 1927-28 2194 2196	5	20.00		100.00	1
0110017	Oxygen sensor, R-17MED s/n 434614 434818-19	3	40.00	15.00	102.00	1
0110057	Oxygen sensor, T-7 For use with TED60T, TED191 and TED200T7 s/n 431465-67	3	40.00	15.00	102.00	1
PPUPS1	Courier delivery - Standard.	1	8.50		8.50	1

Stanley Balachander
 01480 364 385
 JONATHAN

Vat Registration number : GB 287 3895 93

Terms: Net 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms.htm

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Delivery No. DEL45439
 Invoice No. IN108378
 Delivery Date 15/10/09
 Tax Point 15/10/09
 Customer Ref. PP50100
 Account. 00000890

15 Station Road, Cross Hills, Keighley
 West Yorkshire, BD20 7DT, UK
 Telephone: +44 (0) 1535 634542
 Fax: +44 (0) 1535 635582
 Email: info@viamed.co.uk

Claims: Please claim non delivery within 7 days of invoice.

Shortages or damages 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.

Goods Total 312.50

VAT 46.88

Invoice Total 359.38



17 October 2009
Shipper 9W9638
Page 4 of 9

CLAIM NOTIFICATION

INQUIRY FROM: VIAMED LTD
15 STATION ROAD
KEIGHLEY BD20

SHIPMENT TO: G LOVETTE
JOHN RADCLIFFE HOSPITAL
RECEIPT AND DISTRIBUTION INDUS
OXFORD OX39DU

Shipper Number.....	9W9638	Pickup Date.....	15/10/09
Number of Parcels.....	1	Weight.....	2.00
Tracking Identification Number...	1Z9W96386852740936	Merchandise.....	unknown

UNFORTUNATELY WE HAVE BEEN UNABLE TO LOCATE A RECORD OF DELIVERY OR RETURN FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.

LDI 14
T890NTFM:000A0000

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VIAMED

INVOICE



Invoice Address

Oxford Radcliffe Hospitals
NHS Trust, Room 24
Finance Dept
Manor House Annex
Headington, Oxford
OX3 9DU

Delivery Address

John Radcliffe Hospital
Industrial Block
Receipt and Distribution
Headley Way
Headington, Oxford
OX3 9DU

PRODUCT CODE

DESCRIPTION

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC. %	TOTAL £	VAT
2710451	Light Cloud Prone Headrest. Model: LC250	4	30.00		120.00	1
PPUFS1	Courier delivery - Standard.	1	8.50		8.50	1

G Lovette 01865 743127

LISAL

Vat Registration number: GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Credit transfers to: Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:
VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Goods Total 128.50

VAT 19.28

Invoice Total 147.78

Claims: Please claim non delivery within 7 days of invoice.
shortages or damages 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.

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone: +44 (0) 1535 634442
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk