

Delivery address
Roz Smailes
Kettering General Hospital
SODP, Main Theatres
Rothwell Road
Kettering
NN16 8UZ

Sale or Return Goods SOR940

Barcode	Serial Number	Stock Ref	Description
1750587	T3D202002123	2510091	TOF 3D Neuromuscular Transmission Monitor
QTY : 1		2520110	TOF 3D Hand Adapter
QTY : 20		2530131	TOF 3D Thumb Adapter

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:	Zoey Teal		
Contact E-Mail:	zoey.teal@viamed.co.uk		
Telephone No.:	01535 634542		
Company Registration Number (i.e. the registration number of the Company at Companies House or other relevant national companies registry):	01291765		
Is there an Overarching Master Indemnity Agreement in place with current insurance? If yes, state "Yes" and insert the MIA number here. If not, state "No":	DHMIA/1588/16		
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:	04 January 22	(being the date of delivery of the Equipment to the Authority)	
Authority:	Kettering General Hospital		
Authority Address:	SODP, Main Theatres Rothwell Road		
	Kettering	Postcode:	NN16 8UZ
Authority Contact Name:	Roz Smailes		
Authority Contact E-Mail:	rosalind.smailes@nhs.net		
Authority Telephone No.:	01536 492000		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Neuromuscular Transmission Monitor		

Model/Make:	2510091 TOF 3D Neuromuscular Transmission Monitor
Serial Nos.:	T3D202002123
Value:	£1400
Loan or transfer?: Note. Where disposable Equipment is provided, this should be on a transfer basis.	Loan
Purpose of loan or transfer:	Sale or Return trial to determine suitability prior to purchase
Loan Period (to be completed only where the Equipment is be loaned): [30 days/months/years (delete as appropriate)] commencing on [04] day of [01] 20[22]	
Premises and Location(s) at which the Equipment will be kept: Kettering General Hospital, Main Theatres	
<p>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.</p> <p>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.</p>	
SIGNED on behalf of the Supplier:	Viamed Ltd 
Name and position:	Steve Hardaker, Technical Support Manager
Date:	04/01/22
SIGNED on behalf of the Authority:	
Name and position:	
Date:	

COLLECTION CONFIRMATION RECEIPT (for Equipment on loan only)
To be completed at the point the Equipment is collected by the Supplier.

Without prejudice to the Authority's rights under 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:	
Date:	
SIGNED on behalf of the Supplier:	
Name and position:	
Date:	

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Authority Telephone No.:	01536 492000		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Hand Adapter		

Model/Make:	2520110 TOF 3D Hand Adapter
Serial Nos.:	Qty 1 , No Serial Numbers
Value:	£38.5
Loan or transfer?: Note. Where disposable Equipment is provided, this should be on a transfer basis.	Loan
Purpose of loan or transfer:	Sale or Return trial to determine suitability prior to purchase
Loan Period (to be completed only where the Equipment is be loaned): [30 days/months/years (delete as appropriate)] commencing on [04] day of [01] 20[22]	
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Authority Telephone No.:	01536 492000		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Thumb Adapter		

Model/Make:	2530131 TOF 3D Thumb Adapter
Serial Nos.:	Qty 20 , No Serial Numbers
Value:	£
Loan or transfer?: Note. Where disposable Equipment is provided, this should be on a transfer basis.	Transfer
Purpose of loan or transfer:	Sale or Return trial to determine suitability prior to purchase
Loan Period (to be completed only where the Equipment is be loaned): [30 days/months/years (delete as appropriate)] commencing on [] day of [] 20[]	
Premises and Location(s) at which the Equipment will be kept: Kettering General Hospital, Main Theatres	
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