

Delivery address
Conrado Evangelista
Lister Hospital
Main Theatres
Coreys Mill Lane
Stevenage
Herts
SG1 4AB

Sale or Return Goods SOR941

Barcode	Serial Number	Stock Ref	Description
1750588	T3D202002124	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:	Sophie Lines		
Contact E-Mail:	sophie.lines@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:	17 January 22	(being the date of delivery of the Equipment to the Authority)	
Authority:	Lister Hospital		
Authority Address:	Main Theatres Coreys Mill Lane Stevenage		
	Herts	Postcode:	SG1 4AB
Authority Contact Name:	Conrado Evangelista		
Authority Contact E-Mail:	conrado.evangelista@nhs.net		
Authority Telephone No.:	01438 288004		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Neuromuscular Transmission Monitor Purpose Neuromuscular Transmission Monitor		

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 Contact E-Mail:	conrado.evangelista@nhs.net		
Authority Telephone No.:	01438 288004		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Hand Adapter Purpose Hand Adapter		

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Authority Telephone No.:	01438 288004		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	TOF 3D Thumb Adapter Purpose Thumb Adapter for use with TOF 3D		

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