

Medical devices on lease, hire, loan, demonstration or trial Indemnity form.

White - Supplier	<input type="checkbox"/>
Yellow - Departmental records	<input type="checkbox"/>
Blue - Supplies Dept	<input type="checkbox"/>

An agreement made on (day) of (month) in (year)

Between the (name of hospital) [registered as: -
Nuffield Health, Epsom Gateway, Ashley Avenue, Epsom, Surrey, KT18 5AL] a Registered Charity,
205533, and (known hereafter as the Supplier).

Whereas,

- (1) The Supplier is the owner of the medical device(s) described in the schedule below (the medical device).
- (2) The Supplier wishes Nuffield Health to use the medical device for the purpose of evaluation, testing, research, design investigation, trial, demonstration or in the diagnosis, prevention, monitoring, treatment or alleviation of disease.

It is hereby agreed that the supplier shall lend, hire or lease and Nuffield Health will use the medical device for the period specified in the schedule below at the premises specified in the schedule (the premises) or any Nuffield Health location (delete as appropriate) on the terms and conditions set out overleaf.

The schedule of medical devices

- (1) All medical devices from supplier: (insert supplier name and address)
or

The medical device:

Description:

Model/ Serial no:

Value:

- (2) Period: -

.....yearsmonths commencing theday of

- (3) The premises where the medical device is to be used or specify that the device is to be covered at any Nuffield Health location

(Name and address of the hospital)

Signed on behalf of Nuffield Health

Name Title

(Member of the Management Team)

Signed on behalf of the Supplier

Name Title