

# 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 30 (day) of May (month) in 2022 (year)

Between the Nuffield Hospital Glasgow (name of hospital) [registered as: - Nuffield Health, Epsom Gateway, Ashley Avenue, Epsom, Surrey, KT18 5AL] a Registered Charity, 205533, and Viamed Ltd. (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: TOF 3D Neuromuscular Monitor & Hand Adapter

Description: TOF 3D Neuromuscular Monitor & Hand Adapter

Model/ Serial no: T3D202002124

Value: £1438.50

- (2) Period: -  
.....years .....1.....months commencing the .....1.....day of June

- (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 Nuffield Hospital Glasgow, Beaconsfield Road, Glasgow, G12 0PJ

(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 ..... *Catrin Hollings* .....

Name Catrin Hollings Title Marketing