

Delivery address
Simon Ward
Nottingham University Hospital (Queens Medical Centre Campus)
MEPU Office (MESU)
C Floor West Block
Derby Road
Nottingham
NG7 2UH

Sale or Return Goods SOR964

Barcode	Serial Number	Stock Ref	Description
2240255	JE46755001	0310291	MaxBlend 2 (NIST) Low Flow Blender
1611373	AA55181	0320216	NIST Hose with MKIV Oxygen Probe
1611358	AA52633	0320217	NIST Hose with MKIV Air Probe
QTY : 1		0320452	Blender Bracket - Rail/Pole Mount

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:	Steve Hardaker		
Contact E-Mail:	steve.hardaker@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:	08 November 23	(being the date of delivery of the Equipment to the Authority)					
Authority:	Nottingham University Hospital (Queens Medical Centre Campus)						
Authority Address:	MEPU Office ? (MESU) C Floor West Block Derby Road Nottingham						
		Postcode:	NG7 2UH				
Authority Contact Name:	Simon Ward						
Authority Contact E-Mail:	simon.ward@nuh.nhs.uk						
Authority Telephone No.:	01159249924						
The Equipment to be supplied by the Supplier to the Authority							
Type of Equipment and its purpose:	MaxBlend 2 (NIST) Low Flow Blender Purpose Air oxygen blender with integral O2 monitor						

Model/Make:	0310291 MaxBlend 2 (NIST) Low Flow Blender
Serial Nos.:	JE46755001
Value:	£1750
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
Loan Period (to be completed only where the Equipment is be loaned):	
[30 days/months (delete as appropriate)] commencing on [08] day of [11] 20[23]	
Premises and Location(s) at which the Equipment will be kept:	
PCCU at Queens Medical Centre	
<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:	08/11/23
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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	Nottingham	Postcode:	NG7 2UH			
Authority Contact Name:	Simon Ward					
Authority Contact E-Mail:	simon.ward@nuh.nhs.uk					
Authority Telephone No.:	01159249924					
The Equipment to be supplied by the Supplier to the Authority						
Type of Equipment and its purpose:	NIST Hose with MKIV Oxygen Probe Purpose Gas hose for use with MaxBlend 2					

Model/Make:	0320216 NIST Hose with MKIV Oxygen Probe
Serial Nos.:	AA55181
Value:	£76.5
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
Loan Period (to be completed only where the Equipment is be loaned):	
[<input type="checkbox"/> 30 days/m xxxxxxxx (delete as appropriate)] commencing on [<input type="checkbox"/> 08] day of [<input type="checkbox"/> 11] 20[<input type="checkbox"/> 23]	
Premises and Location(s) at which the Equipment will be kept:	
PCCU at Queens Medical Centre	
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Name and position:	Steve Hardaker Technical Support Manager
Date:	08/11/23
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Authority Telephone No.:	01159249924					
The Equipment to be supplied by the Supplier to the Authority						
Type of Equipment and its purpose:	NIST Hose with MKIV Air Probe Purpose Gas hose for use with MaxBlend 2					

Model/Make:	0320217 NIST Hose with MKIV Air Probe
Serial Nos.:	AA52633
Value:	£76.5
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
Loan Period (to be completed only where the Equipment is be loaned):	
[<input type="checkbox"/> 30 days/monthXXXXXX (delete as appropriate)] commencing on [<input type="checkbox"/> 08] day of [<input type="checkbox"/> 11] 20[<input type="checkbox"/> 23]	
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Authority Contact Name:		Simon Ward		
Authority Contact E-Mail:		simon.ward@nuh.nhs.uk		
Authority Telephone No.:		01159249924		
The Equipment to be supplied by the Supplier to the Authority				
Type of Equipment and its purpose:	Blender Bracket - Rail/Pole Mount Purpose Mounting bracket for use with MaxBlend 2			

Model/Make:	0320452 Blender Bracket - Rail/Pole Mount
Serial Nos.:	Qty 1 , No Serial Numbers
Value:	£78.9
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
Loan Period (to be completed only where the Equipment is be loaned):	
[<input type="checkbox"/> 30 days/monthXXXXXX (delete as appropriate)] commencing on [<input type="checkbox"/> 08] day of [<input type="checkbox"/> 11] 20[<input type="checkbox"/> 23]	
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