

Delivery address  
Elaine Lewis  
Grange University Hospital  
Neonatal Intensive Care Unit  
324551 GUH Receipts  
and Distribution Stores  
Llanfrechfa Grange  
Cwmbran  
NP44 8YN

## Sale or Return Goods SOR966

Barcode	Serial Number	Stock Ref	Description
2414938	T1809190129	0012165	Viamed Pulse Oximeter VM 2160 SMARTsat.
2255077	A2323F1074	0014895	Pulse Oximetry Extension Cable - XT 6500
2414944	BA090028	0014852	Pulse Oximetry Wrap Sensor
2414939	Sample1	0034898	Disposable SpO2 Sensors - Neonatal.
2414940	Sample2	0034898	Disposable SpO2 Sensors - Neonatal.
2414941	Sample3	0034898	Disposable SpO2 Sensors - Neonatal.
2414942	Sample4	0034898	Disposable SpO2 Sensors - Neonatal.
2414943	Sample5	0034898	Disposable SpO2 Sensors - Neonatal.

## **MIA CALL-OFF AGREEMENT**

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(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)*

<b>Company Name: ("Supplier")</b>	Viamed Ltd		
<b>Address:</b>	15 Station Road, Cross Hills, Keighley, West Yorkshire		
	<b>Postcode:</b>	BD20 7DT	
<b>Contact Name:</b>	Steve Hardaker		
<b>Contact E-Mail:</b>	steve.hardaker@viamed.co.uk		
<b>Telephone No.:</b>	01535 634542		
<b>Company Registration Number (i.e. the registration number of the Company at Companies House or other relevant national companies registry):</b>		01291765	
<b>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":</b>		DHMIA/1588/16	
<b>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.</b>			

<b>Delivery Date:</b>	12 March 24		(being the date of delivery of the Equipment to the Authority)	
<b>Authority:</b> Grange University Hospital				
<b>Authority Address:</b>	Neonatal Intensive Care Unit 324551 GUH Receipts and Distribution Stores Llanfrechfa Grange Cwmbran			
	<b>Postcode:</b>	NP44 8YN		
<b>Authority Contact Name:</b>	Elaine Lewis			
<b>Authority Contact E-Mail:</b>	Elaine.Wood@wales.nhs.uk			
<b>Authority Telephone No.:</b>	01633 493543			
<b>The Equipment to be supplied by the Supplier to the Authority</b>				
<b>Type of Equipment and its purpose:</b>	Viamed Pulse Oximeter VM 2160 SMARTsat. Purpose Pulse oximeter			

<b>Model/Make:</b>	0012165 Viamed Pulse Oximeter VM 2160 SMARTsat.
<b>Serial Nos.:</b>	See Attached Documentation
<b>Value:</b>	£445
<b>Loan or transfer?:</b>  <b>Note. Where disposable Equipment is provided, this should be on a transfer basis.</b>	Loan
<b>Purpose of loan or transfer:</b>	To gather sensor data for product improvement
<b>Loan Period (to be completed only where the Equipment is be loaned):</b>	
[ <input type="text"/> 30 days/monthXXXXXX (delete as appropriate)] commencing on [ <input type="text"/> 12 ] day of [ <input type="text"/> 03 ] 20[ <input type="text"/> 24 ]	
<b>Premises and Location(s) at which the Equipment will be kept:</b>	
Neonatal Intensive Care Unit, Grange Hospital	
<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>	
<b>SIGNED on behalf of the Supplier:</b>	Viamed Ltd
<b>Name and position:</b>	Steve Hardaker Technical Support Manager
<b>Date:</b>	12/03/24
<b>SIGNED on behalf of the Authority:</b>	
<b>Name and position:</b>	
<b>Date:</b>	

**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:

<b>Date of Collection:</b>	
<b>SIGNED on behalf of the Authority:</b>	
<b>Name and position:</b>	
<b>Date:</b>	
<b>SIGNED on behalf of the Supplier:</b>	
<b>Name and position:</b>	
<b>Date:</b>	

## **MIA CALL-OFF AGREEMENT**

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*(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)*

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<b>Address:</b>	15 Station Road, Cross Hills, Keighley, West Yorkshire		
		<b>Postcode:</b>	BD20 7DT
<b>Contact Name:</b>	Steve Hardaker		
<b>Contact E-Mail:</b>	steve.hardaker@viamed.co.uk		
<b>Telephone No.:</b>	01535 634542		
<b>Company Registration Number (i.e. the registration number of the Company at Companies House or other relevant national companies registry):</b>	01291765		
<b>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":</b>	DHMIA/1588/16		
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<b>Delivery Date:</b>	12 March 24		(being the date of delivery of the Equipment to the Authority)	
<b>Authority:</b>	Grange University Hospital			
<b>Authority Address:</b>	Neonatal Intensive Care Unit 324551 GUH Receipts and Distribution Stores Llanfrechfa Grange			
	Cwmbran	<b>Postcode:</b>	NP44 8YN	
<b>Authority Contact Name:</b>	Elaine Lewis			
<b>Authority Contact E-Mail:</b>	Elaine.Wood@wales.nhs.uk			
<b>Authority Telephone No.:</b>	01633 493543			
<b>The Equipment to be supplied by the Supplier to the Authority</b>				
<b>Type of Equipment and its purpose:</b>	Pulse Oximetry Extension Cable - XT 6500 Purpose Extension cable for VM-2160 pulse oximeter			

<b>Model/Make:</b>	0014895 Pulse Oximetry Extension Cable - XT 6500
<b>Serial Nos.:</b>	See Attached Documentation
<b>Value:</b>	£94.5
<b>Loan or transfer?:</b>  <b>Note. Where disposable Equipment is provided, this should be on a transfer basis.</b>	Loan
<b>Purpose of loan or transfer:</b>	To gather sensor data for product improvement
<b>Loan Period (to be completed only where the Equipment is be loaned):</b>	
[ <input type="text"/> 30 days/monthXXXXXX (delete as appropriate)] commencing on [ <input type="text"/> 12 ] day of [ <input type="text"/> 03 ] 20[ <input type="text"/> 24 ]	
<b>Premises and Location(s) at which the Equipment will be kept:</b>	
Neonatal Intensive Care Unit, Grange Hospital	
<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>	
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<b>SIGNED on behalf of the Supplier:</b>	Viamed Ltd
<b>Name and position:</b>	Steve Hardaker Technical Support Manager
<b>Date:</b>	12/03/24
<b>SIGNED on behalf of the Authority:</b>	
<b>Name and position:</b>	
<b>Date:</b>	

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

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<b>Date of Collection:</b>	
<b>SIGNED on behalf of the Authority:</b>	
<b>Name and position:</b>	
<b>Date:</b>	
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<b>Contact E-Mail:</b>	steve.hardaker@viamed.co.uk		
<b>Telephone No.:</b>	01535 634542		
<b>Company Registration Number (i.e. the registration number of the Company at Companies House or other relevant national companies registry):</b>		01291765	
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<b>Authority Address:</b>	Neonatal Intensive Care Unit 324551 GUH Receipts and Distribution Stores Llanfrechfa Grange			
	Cwmbran	<b>Postcode:</b>	NP44 8YN	
<b>Authority Contact Name:</b>	Elaine Lewis			
<b>Authority Contact E-Mail:</b>	Elaine.Wood@wales.nhs.uk			
<b>Authority Telephone No.:</b>	01633 493543			
<b>The Equipment to be supplied by the Supplier to the Authority</b>				
<b>Type of Equipment and its purpose:</b>	Pulse Oximetry Wrap Sensor Purpose Wrap for VM-2160 pulse oximeter			

<b>Model/Make:</b>	0014852 Pulse Oximetry Wrap Sensor
<b>Serial Nos.:</b>	See Attached Documentation
<b>Value:</b>	£
<b>Loan or transfer?:</b>  <b>Note. Where disposable Equipment is provided, this should be on a transfer basis.</b>	Loan
<b>Purpose of loan or transfer:</b>	To gather sensor data for product improvement
<b>Loan Period (to be completed only where the Equipment is be loaned):</b>	
[ 30 days/months (delete as appropriate)] commencing on [ 12 ] day of [ 03 ] 20[ 24 ]	
<b>Premises and Location(s) at which the Equipment will be kept:</b>	
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<b>SIGNED on behalf of the Supplier:</b>	Viamed Ltd
<b>Name and position:</b>	Steve Hardaker Technical Support Manager
<b>Date:</b>	12/03/24
<b>SIGNED on behalf of the Authority:</b>	
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<b>Authority Contact E-Mail:</b>	Elaine.Wood@wales.nhs.uk			
<b>Authority Telephone No.:</b>	01633 493543			
<b>The Equipment to be supplied by the Supplier to the Authority</b>				
<b>Type of Equipment and its purpose:</b>	Disposable SpO2 Sensors - Neonatal. Purpose Disposable wrap sensor			

<b>Model/Make:</b>	0034898 Disposable SpO2 Sensors - Neonatal.
<b>Serial Nos.:</b>	See Attached Documentation
<b>Value:</b>	£14
<b>Loan or transfer?:</b>  <b>Note. Where disposable Equipment is provided, this should be on a transfer basis.</b>	Transfer
<b>Purpose of loan or transfer:</b>	To gather sensor data for product improvement
<b>Loan Period (to be completed only where the Equipment is be loaned):</b>	
[ 30 days/months/years (delete as appropriate)] commencing on [ ] day of [ ] 20[ ]	
<b>Premises and Location(s) at which the Equipment will be kept:</b>	
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<b>SIGNED on behalf of the Supplier:</b>	Viamed Ltd
<b>Name and position:</b>	Steve Hardaker Technical Support Manager
<b>Date:</b>	12/03/24
<b>SIGNED on behalf of the Authority:</b>	
<b>Name and position:</b>	
<b>Date:</b>	

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