Delivery address
Elaine Lewis
Grange University Hospital
Neonatal Intensive Care Unit,
Caerleon Road,
Llanfrechfa
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

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:	20 March 24	(being the date of delivery of the Equipment to the Authority)	
Authority:	Grange University Hospital		
Authority Address:	Neonatal Intensive Care Unit, Caerleon Road, Llanfrechfa		
	Cwmbran	**Postcode:**	NP44 8YN
Authority Contact Name:	Elaine Lewis		
Authority Contact E-Mail:	Elaine.Wood@wales.nhs.uk		
Authority Telephone No.:	01633 493543		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Viamed Pulse Oximeter VM 2160 SMARTsat. Purpose Pulse oximeter		

Model/Make:	0012165 Viamed Pulse Oximeter VM 2160 SMARTsat.
Serial Nos.:	See Attached Documentation
Value:	£445
Loan or transfer?: **Note. Where disposable Equipment is provided, this should be on a transfer basis.**	Loan
Purpose of loan or transfer:	To gather sensor data for product improvement

Loan Period (to be completed only where the Equipment is be loaned):

[30 days/months/years (delete as appropriate)] commencing on [20] day of [03] 20[24]

Premises and Location(s) at which the Equipment will be kept:

Neonatal Intensive Care Unit

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.

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.

SIGNED on behalf of the Supplier:	Viamed Ltd
Name and position:	Steve Hardaker Technical Support Manager
Date:	20 March 24
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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	Cwmbran	**Postcode:**	NP44 8YN
Authority Contact Name:	Elaine Lewis		
Authority Contact E-Mail:	Elaine.Wood@wales.nhs.uk		
Authority Telephone No.:	01633 493543		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Pulse Oximetry Extension Cable - XT 6500 Purpose Extension cable for VM-2160 pulse oximeter		

Model/Make:	0014895 Pulse Oximetry Extension Cable - XT 6500
Serial Nos.:	See Attached Documentation
Value:	£94.5
Loan or transfer?: **Note. Where disposable Equipment is provided, this should be on a transfer basis.**	Loan
Purpose of loan or transfer:	To gather sensor data for product improvement

Loan Period (to be completed only where the Equipment is be loaned):

[30 days/months/years (delete as appropriate)] commencing on [20] day of [03] 20[24]

Premises and Location(s) at which the Equipment will be kept:

Neonatal Intensive Care Unit

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.

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Name and position:	Steve Hardaker Technical Support Manager
Date:	20 March 24
SIGNED on behalf of the Authority:	
Name and position:	
Date:	

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Date:	

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	Cwmbran	**Postcode:**	NP44 8YN
Authority Contact Name:	Elaine Lewis		
Authority Contact E-Mail:	Elaine.Wood@wales.nhs.uk		
Authority Telephone No.:	01633 493543		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Pulse Oximetry Wrap Sensor Purpose Wrap for VM-2160 pulse oximeter		

Model/Make:	0014852 Pulse Oximetry Wrap Sensor
Serial Nos.:	See Attached Documentation
Value:	£
Loan or transfer?: **Note. Where disposable Equipment is provided, this should be on a transfer basis.**	Loan
Purpose of loan or transfer:	To gather sensor data for product improvement

Loan Period (to be completed only where the Equipment is be loaned):

[30 days/months/years (delete as appropriate)] commencing on [20] day of [03] 20[24]

Premises and Location(s) at which the Equipment will be kept:

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Authority Contact Name:	Elaine Lewis		
Authority Contact E-Mail:	Elaine.Wood@wales.nhs.uk		
Authority Telephone No.:	01633 493543		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Disposable SpO2 Sensors - Neonatal. Purpose Disposable wrap sensor		

Model/Make:	0034898 Disposable SpO2 Sensors - Neonatal.
Serial Nos.:	See Attached Documentation
Value:	£14
Loan or transfer?: **Note. Where disposable Equipment is provided, this should be on a transfer basis.**	Transfer
Purpose of loan or transfer:	To gather sensor data for product improvement

Loan Period (to be completed only where the Equipment is be loaned):

[days/months/years (delete as appropriate)] commencing on [ ] day of [ ] 20[ ]

Premises and Location(s) at which the Equipment will be kept:

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