

Delivery address
David Edmondson
Royal Preston Hospital
Medical Engineering Dept
Sharoe Green Lane
Fulwood
Preston
PR2 9HT

Sale or Return Goods SOR973

Barcode	Serial Number	Stock Ref	Description
840852	093A06B	0310200	Low-Flow Blender Air & Oxygen
836912	SE007	0380030	Tom Thumb Infant Resuscitator

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":	NHSE MIA/0640/24		
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:	10 April 25	(being the date of delivery of the Equipment to the Authority)	
Authority:	Royal Preston Hospital		
Authority Address:	Medical Engineering Dept Sharoe Green Lane Fulwood Preston		
	Postcode:	PR2 9HT	
Authority Contact Name:	David Edmondson		
Authority Contact E-Mail:	david.edmondson@lthtr.nhs.uk		
Authority Telephone No.:	01772 524598		
The Equipment to be supplied by the Supplier to the Authority			
Type of Equipment and its purpose:	Low-Flow Blender Air & Oxygen Purpose: Blending medical air and oxygen		

Model/Make:	0310200 Low-Flow Blender Air & Oxygen
Serial Nos.:	093A06B
Value:	£1267.8
Loan or transfer?: Note. Where disposable Equipment is provided, this should be on a transfer basis.	Loan : Expires - 09-06-2025
Purpose of loan or transfer:	Service loan
Loan Period (to be completed only where the Equipment is be loaned):	
[<input type="text" value="60"/> days/months (delete as appropriate)] commencing on [<input type="text" value="10"/>] day of [<input type="text" value="04"/>] 20[<input type="text" value="25"/>]	
Premises and Location(s) at which the Equipment will be kept:	
Royal Preston Hospital Medical Engineering Dept	
<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 - Steve Hardaker 
Name and position:	Steve Hardaker Technical Support Manager
Date:	10/04/25
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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Contact E-Mail:	steve.hardaker@viamed.co.uk		
Telephone No.:	01535 634542		
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Authority Address:	Medical Engineering Dept Sharoe Green Lane Fulwood			
		Postcode:	PR2 9HT	
Authority Contact Name:	David Edmondson			
Authority Contact E-Mail:	david.edmondson@lthtr.nhs.uk			
Authority Telephone No.:	01772 524598			
The Equipment to be supplied by the Supplier to the Authority				
Type of Equipment and its purpose:	Tom Thumb Infant Resuscitator Purpose: Infant resuscitator			

Model/Make:	0380030 Tom Thumb Infant Resuscitator
Serial Nos.:	SE007
Value:	£559.2
Loan or transfer?: Note. Where disposable Equipment is provided, this should be on a transfer basis.	Loan : Expires - 09-06-2025
Purpose of loan or transfer:	Service loan
Loan Period (to be completed only where the Equipment is be loaned):	
[<input type="checkbox"/> 60 days/monthXXXXXX (delete as appropriate)] commencing on [<input type="checkbox"/> 10] day of [<input type="checkbox"/> 04] 20[<input type="checkbox"/> 25]	
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Name and position:	Steve Hardaker Technical Support Manager
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SIGNED on behalf of the Authority:	
Name and position:	
Date:	

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Name and position:	
Date:	
SIGNED on behalf of the Supplier:	
Name and position:	
Date:	