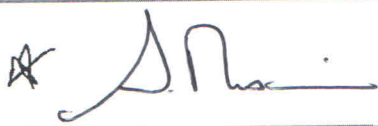
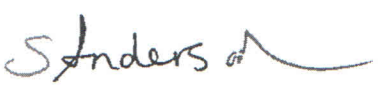


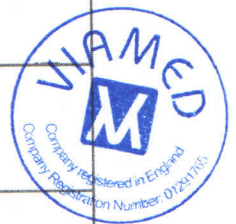
MEMG: H312L

IND: 2017103.

| | | | |
|---|--------------------------|-----------|-------------------|
| Company Name: ("Supplier") | Viamed | | |
| Address: | West Yorks | | |
| | | Postcode: | BD20 7DT. |
| Contact Name: | Steve Nixon | | |
| Contact E-Mail: | steve.nixon@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. |

| | | | |
|---|--|--|---------|
| Delivery Date: | 20/05/17 | (being the date of delivery of the Equipment to the Authority) | |
| Authority: | Sheffield Children's NHS Foundation Trust | | |
| Authority Address: | Western Bank | | |
| | Sheffield | Postcode: | S10 2TH |
| Authority Contact Name: | Sarah Anderson | | |
| Authority Contact E-Mail: | Sarah.anderson@sch.nhs.uk | | |
| Authority Telephone No.: | 0114 271 7731 | | |
| The Equipment to be supplied by the Supplier to the Authority | | | |
| Type of Equipment and its purpose: | See Attached. | | |
| Model/Make: | " | | |
| Serial Nos.: | " | | |
| Value: | * £3,000 | | |

| | |
|--|--|
| Purpose of loan or transfer: | Trial |
| Loan Period (to be completed only where the Equipment is be loaned): [1 days/months/years (delete as appropriate)] commencing on [20] day of [May] 20[17]. | |
| Premises and Location(s) at which the Equipment will be kept: SCH – S10 2TH | |
| <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: |  |
| Name and position: | * STEVE NIXON DIRECTOR |
| Date: | * 22-05-2017 |
| SIGNED on behalf of the Authority: |  |
| Name and position: | Sarah Anderson Contracts Officer |
| Date: | 19/05/17. |



* Complete sign & return ASAP.

| Equipment | Serial number | Accessories | Power source | Notes |
|--|---------------|---|--|---|
| Masimo Rad 7 Pulse Oximeter | T027954 | LC-10 LNCS Extension cable 10ft. LNCS Inf disposable sensors for patient monitoring (plaster tape), qty 1 box of 20. 15 x LNCS Adtx adult disposable sensors, supplied for testing purposes. | Rechargeable battery pack, mains powered via docking station | |
| Masimo RDS-1 Docking station for RAD-7 | 108822 | Mains power cable with 3A mains plug fuse | Mains power | |
| Viamed VM-2160 Pulse Oximeter | T1601190007 | 1 x 0014895 XT6500 Extension cable 1.2m, Lot. 270793 1 x 0014896 XT6501 Extension cable 2.4m, Lot. 161609 1 x 0014750 SC6500VM Adult silicone finger sensor (for testing purposes only). 1 x 0014835 W6500VM Silicone wrap sensor. 1 x 0014890 Foam wraps (box of 12, Lot. 20001964) for use with W6500VM. 10 x AA batteries (pack of 3) Disposable sensors for patient monitoring (plaster tape), Qty: 10 x 8-PP paediatric, 10 x 8-PI infant & 5 x 8-NP neonatal. | Powered by 3 x AA batteries | |
| Viamed Datalogger | #02 | Data cable - Masimo Rad-7 to datalogger. Data cable - Viamed VM-2160 to datalogger. Philips screwdriver, to access battery compartment. 7 x AA batteries (pack of 3) 10 x memory cards supplied #: 4,5,6,7,8,9,10,11,12,13 | Powered by 2 x AA batteries | Receives data from Masimo Rad-7 and Viamed VM-2160, which is stored on a 8GB microSDHC memory card. |