

Maintenance decommissioning equipment form

NHS trust address

NHS contract details

Site contact name:

Tel:

E-mail:

Instruction/notification to decommissioning equipment - Please note that this form must be sent to NHS Supply Chain to activate the request for any credit on this contract to be rebated

Hospital	Department	Type of equipment	NHS Supply Chain contract ref	Serial no. or system ID	Date of equipment decommission
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Signed on behalf of NHS trust

Print Name:

Date:

Internal Use Only	Date Completed
Sent to supplier	
Credit received from supplier	
Credit issued to trust	