

SERVICE AGREEMENT FOR THE EVALUATION OF EQUIPMENT FOR THE NATIONAL BREAST SCREENING PROGRAMME

Between NHSBSP and breast screening centre _____ Date _____

Equipment to be evaluated _____

1. DESCRIPTION

This agreement covers the evaluation of equipment for use in the National Breast Screening Programme in accordance with the equipment evaluation guidance notes issued by the NHSBSP Equipment Coordinating Committee, a copy of which has been provided to the centre undertaking the work.

2. FEES

The NHSBSP will reimburse the expenses incurred for the additional work undertaken by staff in the evaluation of a unit of mammography x-ray equipment, up to the maximum amounts stated below.

2.1 For the preparation of a report based on an evaluation protocol and data sheets provided by the NHSBSP on equipment installed in a centre by arrangement with the NHSBSP for use by a centre that meets the eligibility criteria set out in the equipment evaluation guidance notes for the specific purpose of providing physical and clinical information that will enable prospective purchasers within the NHS to determine the suitability of the equipment for their intended application.

Negotiable up to £5000

2.2 For the preparation of a report based on an evaluation protocol and data sheets provided by the NHSBSP on equipment installed and used by a centre that meets the eligibility criteria set out in the equipment evaluation guidelines for the benefit of the centre or the equipment supplier.

Negotiable up to £2000

2.3 For other equipment, such as accessories and other ancillary equipment, lesser amounts will be as agreed with the centre before commencement of the contract.

Note. The centre undertaking the evaluation will be responsible for distributing the fees to the various internal groups and external agencies involved in the commissioning, safety and physics checks, clinical use, collation of data and writing of reports.

Evaluation category (please circle): 2.1 2.2 2.3 Fee £ _____

3. PERSONNEL

Contact telephone number

Superintendent radiographer _____

Lead radiologist _____

Breast screening centre project leader _____

Breast screening centre physicist _____

NHSBSP project supervisor _____

KCARE project manager _____

4. TIME SCALE

Projected date of installation _____

Projected duration of evaluation _____

Projected date of completed report _____

Signed: NHSBSP _____

Breast screening centre _____