

Patient information factsheet

CPAP loan agreement

Device: _____

Date: _____

As part of your ongoing health care, the sleep service team are loaning you a CPAP (continuous positive airway pressure) unit to use at home. Please read the conditions of the loan carefully.

Your details:

Device number: _____

EBME: _____

Machine serial number: _____

By signing this document, you are agreeing to the following conditions:

1. University Hospital Southampton NHS Foundation Trust owns the CPAP unit. The sleep service team are loaning it to you, the patient, free of any charge.
2. You are responsible for collecting and returning the equipment from and to the sleep service department. In exceptional circumstances, we may agree to make alternative arrangements. If you do not return the equipment within 30 days of being asked to by the sleep service team, you will need to pay for a replacement.
3. You must return the CPAP unit, its bag and any additional returnable items in the same clean and fully working condition as when it was loaned to you (except for normal wear and tear).
4. The loan period begins on the date of this agreement and will continue until you no longer need it, until alternative equipment is available, or until the sleep service team ask for the unit to be returned.
5. Before loaning you the CPAP unit, we have given you (or your carer) full instructions for how to prepare and use it. You are responsible for using the medical equipment as instructed at all times. You must not give the unit to anyone else or allow anyone else to use it.
6. If you do not comply with the conditions of this agreement and/or our instructions for how to use the CPAP unit, you will need to pay for any repair costs. If the equipment is lost or damaged (except for normal wear and tear), you will need to pay for repairs or replacements.

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7. If we agree that you are not able to manage your CPAP treatment yourself for health reasons, a third party (for example, your carer) must take on the liabilities and obligations outlined in this agreement (please record third party details below).
8. You must attend the follow-up clinics arranged by the sleep service team. At these clinics we will check the equipment and carry out any necessary maintenance. If you do not attend these clinics, any failure of the equipment will be solely at your own risk. If you do not attend any clinic without letting us know and making alternative arrangements in advance, we may ask you to return the equipment to us and discharge you to your GP.
9. You must not modify the equipment and its settings in any way without our consent. If you notice any problems with the CPAP unit, you must let us know immediately, using the contact details below:

Adult sleep service

University Hospital Southampton NHS Foundation Trust

Telephone: **023 8120 1947**

Email: **adultsleepservice@uhs.nhs.uk**

Technician:

(Name) (Job title)

Patient:

(Name) (Signature)

Where a third party applies:

(Name) (Signature)

Relationship to the patient:

Address:

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For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**