



Supplier: VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY BD20 7DT GLN:		Deliver To: TK1319 P.A.H. NEO NATAL UNIT D LEV GENERAL STORES LEVEL B CENTRE BLOCK SOUTHAMPTON GENERAL HOSPITAL- TREMONA ROAD SOUTHAMPTON HAMPSHIRE SO16 6YD UNITED KINGDOM	<table><tr><td>Order Number</td><td>P10260780</td></tr><tr><td>Date</td><td>19-OCT-2022</td></tr><tr><td>UHS EORI Number</td><td>XI654942706000</td></tr></table>	Order Number	P10260780	Date	19-OCT-2022	UHS EORI Number	XI654942706000							
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<table><tr><td>Buyer:</td><td>RHM BUYER</td></tr><tr><td>Telephone:</td><td></td></tr><tr><td>Email:</td><td>UHSbuyingteam@wpl.uhs.nhs.uk</td></tr></table>	Buyer:	RHM BUYER	Telephone:		Email:	UHSbuyingteam@wpl.uhs.nhs.uk	<table><tr><td>Requester Name:</td><td>Rams, Maciej</td></tr><tr><td>Requester Telephone:</td><td></td></tr><tr><td>Requester Email:</td><td>maciej.rams@uhs.nhs.uk</td></tr></table>	Requester Name:	Rams, Maciej	Requester Telephone:		Requester Email:	maciej.rams@uhs.nhs.uk	<table><tr><td>Invoice To: FINANCE DEPT (RHM) SOUTHAMPTON GENERAL HOSPITAL TREMONA ROAD SOUTHAMPTON SO16 6YD UNITED KINGDOM</td></tr></table>	Invoice To: FINANCE DEPT (RHM) SOUTHAMPTON GENERAL HOSPITAL TREMONA ROAD SOUTHAMPTON SO16 6YD UNITED KINGDOM	Terms & Conditions 1) Alterations to this order are not permitted without prior agreement of the trust and must be confirmed in writing. 2) All deliveries must be accompanied or preceded by an advice / delivery note. 3) Deliver to: (location) must be clearly labelled on outer packaging 4) The official order number must be quoted on all documents relating to this order. 5) All goods MUST be signed for by Goods-In operatives and will be done so 'unchecked'. Goods left without the obtainment of Goods-In operatives signature will result in invoices being returned to the supplier unpaid in the event of disputed delivery. 6) This order is subject to standard NHS Terms and Conditions unless otherwise stated. Copies available on request. 7) Control of Substances Hazardous to health (COSHH) - a full material data sheet must be forwarded for each product on the first order - or on request of an authorized officer. 8) Order is conditional on all Medical Devices being CE Marked in compliance with directive 93/42/EEC or other as determined by the UK MRHA. 9) Payment terms 30 days net unless otherwise agreed. 10) Invoices must be sent electronically via email to: uhspayablesinvoices@uhs.nhs.uk 11) For full T&Cs please visit: https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services
Buyer:	RHM BUYER															
Telephone:																
Email:	UHSbuyingteam@wpl.uhs.nhs.uk															
Requester Name:	Rams, Maciej															
Requester Telephone:																
Requester Email:	maciej.rams@uhs.nhs.uk															
Invoice To: FINANCE DEPT (RHM) SOUTHAMPTON GENERAL HOSPITAL TREMONA ROAD SOUTHAMPTON SO16 6YD UNITED KINGDOM																
Note to the Supplier:																

Line Number	Supplier Item	Description	UHS Reference Number	GTIN	Lot/Serial Number	Delivery Date	Currency	U.O.M	Quantity Required	Unit Price Inc Discount	Line Value
1	1114006	1114006 Eyemax 2 preemie				22-Oct-22	GBP	PACK 20	3	46.00	138.00
2	1114007	1114007 EyeMax 2 micro				22-Oct-22	GBP	PACK 20	1	42.00	42.00
Total Value of Order (Exc VAT)											180.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. UHS operates a No PO, No Pay policy and any invoices not complying with these instructions will be returned unpaid to the supplier. Goods must be delivered between 08:00 and 16:00 Monday to Friday excluding Bank Holidays.