

Order No. : **HOL1018031**

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Date : 19-October-2023

**SUPPLIER COPY**



Northern Health  
and Social Care Trust

To :

VIAMED LTD (EFIN)  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
Tel 01535 634 542  
Fax 01535 635 582

Conditions of order

1. No responsibility will be accepted for goods delivered to any point other than the pharmacy department/pharmacy stores.
2. The goods must be accompanied by a delivery note.
3. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc...
4. Goods will be received only between 0900 and 1630 hrs. Monday to Friday, unless otherwise informed.
5. Goods are delivered carriage paid unless otherwise specified
6. Unless specified as a Purchase Order placed under an existing Contract, orders for Goods/Services are subject to the Health and Social Care (NI) Standard Conditions of Contract for Supplies / Services (available from <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/PGN-06-14-Standard-Conditions-of-Contract-Supplies-and%20Services.PDF>)

HOL1018031

DELIVER AS SOON AS POSSIBLE

Qty	Unit	Description	Shelf	Contract
4 x 11	12 unit Pack @ £11.45 each	6554 (POSEY) (WRAP SENSOR PULSE OXIMETRY)	A20	
**** LAST PAGE OF ORDER ****				
+ CARRIAGE @ £10				

VIAMED LTD (EFIN) Date 19/10/2023

**Deliver to :**  
Pharmacy Department (HOL)

Antrim Area Hospital  
Bush Road  
Antrim

Tardree House  
Holywell Hospital  
60 Steeple Road  
Antrim  
BT41 2RJ

**Invoice to :**

Antrim Hospital Pharmacy Department  
Antrim Area Hospital  
Bush Road  
Antrim

**Signed** \_\_\_\_\_

(Pharmacist)

BT41 2RL

Tel 028 9442 4277 Ext

Fax 028 9442 4243

BT41 2RL

Tel 028 9442 4458 Ext

Fax 028 9442 4095

Goods Received

Date: \_\_\_\_\_

Signature: \_\_\_\_\_