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Order No. :	HOL1123689	HSC Northern Health and Social Care Trust
Page	Page 1 of 1	

28-November-2023 Date: **SUPPLIER COPY**

VIAMED LTD (EFIN) To: 15 STATION ROAD **CROSS HILLS** KEIGHLEY

WEST YORKSHIRE

BD20 7DT

Tel01535 634 542 Fax 01535635582

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.
- Goods will be received only between 0900 and 1630 hrs. Monday to Friday, unless otherwise informed.
- Goods are delivered carriage paid unless otherwise specified
 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)

DELIVER AS SOON AS POSSIBLE

Qty	Unit	Description	Shelf	Contract
1 x 11	12 unit Pack	6554 (POSEY) (WRAP SENSOR PULSE OXIMETRY)	A20	
		**** LAST PAGE OF ORDER ****		
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Deliver	to	:
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Pharmacy Department (HOL)

Antrim Area Hospital

Bush Road Antrim

BT41 2RL

Tel 028 9442 4277 Ext Fax 028 9442 4243

Invoice to:

Antrim Hospital Pharmacy Department

Antrim Area Hospital

Bush Road

Antrim

BT41 2RL

Tel 028 9442 4458 Ext

Fax 028 9442 4095

Goods Received

Date: ___

Signed _

Signature:

(Pharmacist)