



**Supplier:**  
VIAMED LTD  
  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
  
  
  
  
  
  
GLN: 210076186

**Buyer**    CHRIS RJ2 GRAHAM

**Telephone**

**Email**    chris.graham@gstt.nhs.uk

RJ2Q0AC QE PAEDIATRIC ASSESSMENT

**Deliver to:**  
MAIN STORES DELIVERY POINT A  
QUEEN ELIZABETH HOSPITAL  
STADIUM ROAD  
LONDON, SE18 4QH

**Invoice to:**  
LEWISHAM AND GREENWICH NHS TRUST  
  
RJ2 PAYABLES 4715  
PO BOX 312  
LEEDS, LS11 1HP  
  
  
  
  
  
  
0303 123 1177  
GLN:

Order Number	99431624
Date	19-JAN-24

NOTE

1.This purchase order is placed against the standard NHS Conditions of Contract.

2.Any alteration in price must be agreed before the order is executed.

3.The full Official Purchase Order No. must be quoted on all correspondence and documents.

4.All goods to be despatched carriage paid unless specified on the order.

5.Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
1.00	PACK	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK – REGULAR PACK 20	20-JAN-24	55.30	55.30
1.00	PACK	1114006	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK – PREMIE PACK 20	20-JAN-24	55.30	55.30

Total Value of Order (Exc VAT)

110.60

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. Any invoices not complying with these instructions will be returned unpaid to the supplier.