



OFFICIAL PURCHASE ORDER
Order No: IL1041125
Order Date: 19/08/25

Enquiries To:
email: ipcprocurement@elht.nhs.uk
tel: 01254 733883

Supplier:	Supplier Code: 503
Viamed	
15 Station Road	
Cross Hills	
Keighley	
BD20 7DT	
order@viamed.co.uk	

Deliver To:
RXN0051 RPH NEONATAL UNIT
RPH NEONATAL UNIT
ROYAL PRESTON HOSPITAL STORES
SHAROE GREEN LANE NORTH
FULWOOD
PRESTON

Invoice To:
LANCASHIRE TEACHING HOSPITALS NHS TRUST
C/O ELFS BUSINESS SERVICES
Viscount House, Arkwright Court
Commercial Rd, Darwen, BB3 0FG
EMAIL: 438.lth@elfsap.co.uk
Invoice queries
https://elfssupplierportal.powerappsportals.com

Line No:	Supplier Product Code	Description	Required Date	Qty	Unit of Issue	Unit Price	Vat Rate	Vat Excl.
1	21013	21013 - POSEY PULSE OXIMETRY SENSOR WRAP MODEL 6554. BOX 12 (CN:2025 Pricing)	19/08/25	4.00	BOX	12.10	20.00	48.40

1. The above Official Order Number to be quoted on all invoices, advice and delivery notes and all correspondence.	Total Excl. VAT	48.40
2. Goods will only be received between 08:00 and 16:30 Monday-Thursday and 08:00 and 15:00 Friday.		
3. Unless specified goods and services must be provided carriage paid.		
4. No variation to this order without written authority. Any alteration in quantity or price must be agreed in writing by the ordering officer before any goods/services are supplied.	VAT	9.68
5. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy": https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services		
7. Palletised deliveries must be made on a vehicle with a Tail lift.	Total Value	58.08
8. Please submit your invoice via PEPPOL		