

**ENQUIRIES**

About this Order: MATMAN INTERFACE  
 eMail: uhl-tr.UHLSupplies@nhs.net

General Queries: uhl-tr.procurementmailbox@nhs.net

UHL Internal Ref: 385091

**DELIVER TO**

N.I.C.U. LGH  
 C/O RECEIPTS AND DISTRIBUTION  
 LEICESTER GENERAL HOSPITAL  
 GWENDOLEN ROAD  
 LEICESTER  
 LE5 4PW

University Hospitals of Leicester



NHS Trust

**DETAILS****PURCHASE ORDER MM181927**

ORDER DATE: 20/01/26

UHL CUST A/C NO: **Please advise**

SUPPLIER No: 100437

DELIVER BY: **21/01/26**

DELIVERY POINT: L60412

**SUPPLIER**

VIAMED LIMITED  
 15 STATION ROAD  
 CROSS HILLS  
 KEIGHLEY  
 WEST YORKSHIRE  
 BD20 7DT  
 orders@viamed.co.uk

Tel: 01535 634542

**INVOICE ADDRESS**

Accounts Payable Department  
 PO BOX 189  
 Leicester Royal Infirmary  
 LE1 5WP  
 Email: uhl-tr.accountspayable@nhs.net  
 NHS Code: RWE.

| UHL CODE       | CONTRACT | SUPPLIER CODE | DESCRIPTION   | QUANTITY | UNIT | ITEM PRICE | NETT VALUE |
|----------------|----------|---------------|---|----------|------|------------|------------|
| 1VML00013      | C331692  | 1114006       | 1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC<br>HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6")<br>PACK 20 | 1.00     | PACK | 56.70      | 56.70      |
| 1VML00000<br>A | C331692  | PPUPS1        | PPUPS1 CARRIAGE CHARGE PER ORDER  | 1.00     | EACH | 12.00      | 12.00      |

**CONDITIONS OF SUPPLY**

1. All invoices must quote Official Order No. and be rendered as directed.
2. All goods must be accompanied by a Delivery Note quoting Purchase Order No.
3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

|                    |              |
|--------------------|--------------|
| <b>Net</b>         | 68.70        |
| <b>VAT</b>         | 13.74        |
| <b>Gross Total</b> | <b>82.44</b> |