



<b>Supplier:</b> VIAMED LTD  15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT  GLN:
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<b>Deliver to:</b> WORCESTERSHIRE ROYAL HOSPITAL LOADING BAY CHARLES HASTINGS WAY WORCESTER, WR5 1DD
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<b>Order Number</b>	305678735
<b>Date</b>	23-FEB-26

<b>Buyer</b> DARCY RWP LANE
<b>Telephone</b>
<b>Email</b> darcy.lane@nhs.net

<b>Invoice to:</b> WORCESTERSHIRE ACUTE HOSPITALS NHST RWP PAYABLES 6485 PO BOX 312 LEEDS, LS11 1HP  0303 123 1177 GLN:
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If any details concerning the items listed are believed to be incorrect i.e. price, supplier code, item description, supplier name or delivery charge please email full amendments to [wah-tr.purchasing@nhs.net](mailto:wah-tr.purchasing@nhs.net).

EORI GB654973788000 must be added to all goods and parcels on dispatch.

RWP 183817 NICU- PAEDS
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Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
2 PACK 20		r300p01	Phototherapy mask Regular	09-MAR-26	56.70	113.40
1 PACK 20		r300p02	Phototherapy mask Premie	09-MAR-26	56.70	56.70
<b>Total Value of Order (Exc VAT)</b>						<b>170.10</b>

**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.