



<b>Supplier:</b> VIAMED LTD  15 CROSS HILLS KEIGHLEY BD20 7DT          GLN: 210076186
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**Deliver to:**  
WALSALL HEALTHCARE NHS TRUST  
IDA ROAD  
WEST MIDLANDS  
WALSALL, WS2 9PS

<b>Order Number</b>	366006367
<b>Date</b>	24-MAR-26

<b>Buyer</b> OLIVIA RBK ROCHELLE
<b>Telephone</b>
<b>Email</b> olivia.rochelle@nhs.net

**Invoice to:**  
WALSALL HEALTHCARE NHS TRUST

RBK PAYABLES G185  
PO BOX 312  
LEEDS, LS11 1HP

RBK3107 PAEDIATRICS INPATIENTS - WARD
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0303 123 1177  
GLN:

1.This order is placed subject to the relevant NHS Terms and Conditions as detailed below:  
(<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>) a) Where a valid agreement exists for the items listed below the following NHS Terms and Conditions shall prevail (as applicable):- NHS Terms and Conditions for the Supply of Goods (Contract Version) or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed below the following NHS Terms and Conditions shall prevail (as applicable):-NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) or NHS Terms and Conditions for the Provision of Services (Purchase Order Version). Unless the Purchase Order refers or relates to a specific contract in which case that specified contract shall apply in conjunction with these Terms and Conditions in the order of priority identified in the specified contract;  
2.All goods must be accompanied by a delivery note quoting the above Purchase Order Number. Goods delivered without order number will not be accepted.  
3.It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted and inspected at the specified delivery address as per the contract condition  
4.Invoices must quote the above Purchase Order Number. INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER  
5. Goods will be received as follows RWT Between 08:00 & 16:00 Cannock Chase Hospital(CCH) 07:45 &15:45 WHT Between 08:00 & 16:00 Monday to Friday.  
6. Invoices for RWT must be sent via email to: [sbs.apinvoicing@nhs.net](mailto:sbs.apinvoicing@nhs.net) & for WHT [sbs.apinvoicing@nhs.net](mailto:sbs.apinvoicing@nhs.net) and quote the above Purchase Order Number.

RWT VAT: GB 654 947 886 EORI Code: GB 654 947 886 000 WHT VAT: GB 654-9489-81 EORI Code N/A

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
1.00	BOX 20	1114006	1114006 EyeMax 2 Neonatal Phototherapy Mask - Premie (CN:DENT & OPT 25)	06-APR-26	56.70	56.70
2.00	BOX 20	1114005	1114005 EyeMax 2 Neonatal Phototherapy Mask - Regular (CN:DENT & OPT 25)	06-APR-26	56.70	113.40

Total Value of Order (Exc VAT)

170.10

**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.