

**ENQUIRIES**

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

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

UHL Internal Ref: 412828

**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 MM188926**

ORDER DATE: 31/03/26

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

SUPPLIER No: 100437

DELIVER BY: **01/04/26**

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@invoices.oneadvanced.com  
 NHS Code: RWE.

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000	C331692	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
A							
1VML00013	C331692	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	1.00	PACK	56.70	56.70
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70

**CONDITIONS OF SUPPLY**

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

<b>Net</b>	125.40
<b>VAT</b>	25.08
<b>Gross Total</b>	150.48