

<b>Supplier:</b>	VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY, WEST YORKSHIRE BD20 7DT
01535634542	GLN:
<b>Buyer</b>	E RWP PROCUREMENT
<b>Telephone</b>	
<b>Email</b>	wah-tr.Procurement@nhs.net
RWP 183817 NICU-PAEDS	

<b>Deliver to:</b>	WORCESTERSHIRE ROYAL HOSPITAL LOADING BAY CHARLES HASTINGS WAY WORCESTER, WR5 1DD
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<b>Order Number</b>	305371507
<b>Date</b>	25-FEB-20

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO:  
WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 PACK	1114006		EyeMax 2 Neonatal Phototherapy Mask. Preemie CRN :WAHT-C-19-195	10-MAR-20	40.75	40.75
1 PACK	1114005		EyeMax 2 Neonatal Phototherapy Mask. Regular CRN :WAHT-C-19-195	10-MAR-20	42.50	42.50

Total Value of Order (Exc VAT) 83.25

**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.