

## Purchase Order SWBH-062397-20-21

### *Supplier Details:*

Company VIAMED  
Contact PURCHASES PURCHASES  
Address 15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
BD20 7DT

### *Submit your response to:*

Company Sandwell and West Birmingham Hospitals NHS Trust  
Contact Dermot Reilly  
Address SWBH Registered Office  
City Hospital  
Dudley Road  
BIRMINGHAM  
West Midlands  
B18 7QH  
Phone  
Fax  
E-mail dermot.reilly@nhs.net

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1. The above Purchase Order Number must be quoted on all invoice, delivery notes and other correspondence. Failure to do so may result in rejection of goods or delay in payment. Please send Invoices to: swb-tr.SWBH-GM-APIInvoices@nhs.net and please send Statements to: swb-tr.swbh-gm-apstatement@nhs.net
2. This order is issued in accordance with NHS Standard terms and Conditions which can be downloaded at <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>.
3. If there are any queries please contact the above mentioned Trust employee prior to processing this order.
4. Contracted organizations processing personal data on behalf of SWBH must comply with General Data Protection Regulation and Information Governance requirements and be subject to regular checks.
5. In accepting this purchase order suppliers to the Trust confirm compliance with the Trust's Supplier Code of Conduct, found on the Trust's website.

This agreement between Sandwell and West Birmingham Hospitals NHS Trust and VIAMED is authorized for binding commitment. The parties hereto have read and executed this agreement as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

# Purchase Order SWBH-062397-20-21

|            |                   |
|------------|-------------------|
| Order      | SWBH-062397-20-21 |
| Order Date | 07-SEP-2020       |
| Revision   | 0                 |
| Ordered    | 85.00 GBP         |

**Sold To Sandwell and West Birmingham  
Hospitals NHS Trust  
SWBH Registered Office  
City Hospital  
Dudley Road  
BIRMINGHAM  
West Midlands  
B18 7QH**

Supplier **VIAMED**  
**15 STATION ROAD**  
**CROSS HILLS**  
**KEIGHLEY**  
**BD20 7DT**

**Bill To**

**SWBH BU**  
**FINANCE DEPARTMENT**  
**FIRST FLOOR (ROOM 17)**  
**TRINITY HOUSE, LYNDON**  
**WEST BROMWICH**  
**B71 4HJ**  
**UNITED KINGDOM**

Ship To **CITY HOSPITAL, DUDLEY ROAD  
RECEIPTS & DISTRIBUTION  
BIRMINGHAM, WEST MIDS. B18 7QH  
OPEN MON - FRI 08:00 - 16:00  
B18 7QH  
UNITED KINGDOM**

Notes GBP = Pound Sterling

|                          |                 |               |               |                                              |                 |
|--------------------------|-----------------|---------------|---------------|----------------------------------------------|-----------------|
| Customer Account Number  | Supplier Number | Payment Terms | Freight Terms | FOB                                          | Shipping Method |
|                          | 10686           | Net 30        |               |                                              |                 |
| Confirm To               |                 |               |               | Deliver To Contact                           |                 |
| Sarah Gammidge-Jefferson |                 |               |               | Dermot Reilly<br>E-maildermot.reilly@nhs.net |                 |

| Line | Item                                                                                                                                                                              | Price | Quantity | UOM               | Ordered      | Taxable |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------------------|--------------|---------|
| 1    | EyeMax Phototherapy Eye Mask<br>Size Regular 33-38cm - LC2473<br><b>Supplier Item</b> 1114005 (NO - GTIN)<br>This line references Document (Blanket Purchase Agreement) BPA-0482. | 42.50 |          | BOX OF 20         |              |         |
|      | <b>Promised</b>                                                                                                                                                                   |       | 2        | BOX OF 20         | 85.00        |         |
|      | <b>Requested</b>                                                                                                                                                                  |       |          |                   |              |         |
|      | Requested and Promised Dates correspond to the date when goods are to be shipped.                                                                                                 |       |          |                   |              |         |
|      |                                                                                                                                                                                   |       |          | <b>Line Total</b> | <b>85.00</b> |         |
|      |                                                                                                                                                                                   |       |          | <b>Total</b>      | <b>85.00</b> |         |