

Invoice Address  
Northern Health and Social Care Trust  
Antrim Area Hospital  
Pharmacy Department  
45 Bush Road  
Antrim  
BT41 2RL  
Northern Ireland

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT, United Kingdom  
Tel: +44 (0) 1535 634542  
Fax: +44 (0) 1535 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name           Roisin Campbell  
Contact Tel             02894424763  
Account                 00000126  
Customer Reference    HOL/3881880  
Date                     21 Apr 2026  
Tracking Number       1Z9W96386877844206  
Priced In               UK Pounds

## Invoice RVM162832-1

Delivery Address  
Northern Health and Social Care Trust  
Pharmacy Store Tardree House  
Holywell Hospital  
60 Steeple Road  
Antrim  
BT41 2RL  
Northern Ireland

CIP Carriage and Insurance Paid To Antrim Area Hospital, UK \* Incoterms 2020

Delivery Reference DVM162832-1 Contact [sophie.lines@viamed.co.uk](mailto:sophie.lines@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	15	11.75	2.35	211.50
PPUPS2	UPS Courier Delivery - Standard AWB:1z9w96386877844206		0.00	0.00	0.00

Total Net:           176.25  
Total Vat:            35.25  
Total:                 211.50

Banking details  
Bank                    Barclays Bank PLC  
Sort Code             20-78-42  
Account Number       00906662  
IBAN                   GB05BUKB20784200906662  
BIC                     BUKBGB22  
Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.  
Full invoice amount to be credited to our account net of all bank charges.  
Claims: Please claim non delivery within 7 days of invoice.  
Shortages or damage within 3 days of receipt.  
Claims after these times cannot be entertained.  
Title to goods does not pass until payment in full has been received.