|  |  |
| --- | --- |
| **Date** |  |
| **Contact Name** |  |
| **Name of Pharmacy** |  |
| **Address** |  |
| **Contact Telephone Number** |  |

**Please allow 7 working days for delivery – for urgent requests, call 01383 565347**

|  |  |  |
| --- | --- | --- |
| **Product** | **Unit of Issue** | **Quantity Required** |
| Pull-Tight Seal – Green | Strip of 10 |  |
| Pull-Tight Seal – Red | Strip of 10 |  |
| JIC outer box tag (for patient bag label) | Pack of 10 |  |
| 1ml Syringe Luer-Lok | Box of 100 |  |
| 3ml Syringe Luer-Lok | Pack of 50 |  |
| 21 Gauge Needle Green | Box of 100 |  |
| 25 Gauge Needle Orange | Box of 100 |  |
| 18 Gauge Blunt Needle Red | Box of 100 |  |
| Alcohol Swabs 70% Isopropyl Alcohol | Box of 100 |  |
| SAF-T-Intima 24G Cannula | Pack of 10 |  |
| Opsite Dressings | Pack of 10 |  |
| Bionector S Device | Each |  |
| Black Bags for Midazolam IM Dose | Each |  |
| Disinfectant Tablets Titan Chlor Plus | Tub of 200 |  |
| Dilution Bottle for Titan Chlor Plus | Each |  |
| Just In Case Box | Each |  |
| Envelopes (including paperwork) | Each |  |

**E-mail form to** [**fife.pharmacygovernanceteam@nhs.scot**](mailto:fife.pharmacygovernanceteam@nhs.scot)

**For Pharmacy Use:**

*Prepared by ..................................... Date ........../........../..........*

*Delivered by ..................................... Date ........../........../..........*

*Received by ..................................... Date ........../........../..........*