

SIGNATURE LIST

Contractor code:

Pharmacy name:

(the 'Contractor')

Pharmacy address:

Local Services 2024/25 <u>APPLICABLE TO ALL PHARMACIES</u>	Tick if participating	Contractor signature
Chlamydia		
Hepatitis C		
Prostate Cancer Treatment (SACT)		
Medicine Waste & Sharps Service		
Incontinence Urology Products – Edinburgh, East & Mid		
Incontinence Urology Products – West Lothian		

Local Services 2024/25 <u>SELECTED PHARMACIES ONLY</u> – <i>Service is applicable to network pharmacies only. Please do not tick to participate in this service unless you are part of these networks.</i>	Tick if participating	Contractor signature
Palliative Care Network – In hours		
Palliative Care Network – On call		
Take Home Naloxone		
Injection Equipment Provision		

I confirm that the Services indicated by a tick and signature in the table above is the correct list of Local Services the Contractor wishes to participate in for 2024-2025.

Pharmacist signature:

Print Pharmacist name:

Date:

Please email this document to communitypharmacy.contract@nhs.scot by Friday 29th March 2024.