

Requisition for transfer of ARV Drugs where a patient changes pharmacy

Originating Pharmacy Details:

Name of Pharmacist (Print):	
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Signature:	
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GPhC Registration Number:		Contractor Code:	
Date of Transfer:		No of prescriptions transferred (if any):	

Details of Drugs Transferred:

Item Name and Formulation	Size/Strength	Quantity	Pharmacy Endorsement

Receiving Pharmacy Details:

I confirm I have received and taken into stock, the drugs detailed above for the purpose of initiating treatment for a patient referred from the Brownlee:

Name of Pharmacist (Print):	
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Signature:	
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GPhC Registration Number:		Contractor Code:	
Date of Transfer:		No of prescriptions received (if any):	

Return by fax to: 0141-201-9387 or gg-uhb.cpdevteam@nhs.net