

Supplies Department  
 Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

East Hampshire   
 Primary Care Trust

Portsmouth City   
 Teaching Primary Care Trust

Fareham and Gosport   
 Primary Care Trust

# NON-STOCK REQUISITION

DATE 19.6.06 DEPT./HOSPITAL Rocheleu DELIVERY TO \_\_\_\_\_ TRANSFER POINT \_\_\_\_\_

## FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY         | DESCRIPTION                     | PRODUCT CODE       | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N | SUPPLIER                    | UNIT COST       | ORDER NUMBER      | REMARK |
|------------------|---------------------------------|--------------------|-----------------|-------------|--|--|---------------------|-----------------------------|-----------------|-------------------|--------|
|                  |                                 |                    | ACCOUNT No.     | COST CENTRE |  |  |                     |                             |                 |                   |        |
| <del>2 pks</del> | <del>Coloplast Aquasleeve</del> | <del>783 680</del> |                 |             |  |  |                     | <del>Coloplast</del>        | <del>?</del>    | <del>783680</del> |        |
| <del>2 pks</del> | <del>"</del>                    | <del>783 686</del> |                 |             |  |  |                     | <del>Coloplast</del>        | <del>?</del>    | <del>783686</del> |        |
| <del>2 pks</del> | <del>"</del>                    | <del>783 694</del> |                 |             |  |  |                     | <del>Coloplast</del>        | <del>?</del>    | <del>783694</del> |        |
| ✓ 4              | Curelly Spray                   | 0031               |                 |             |  |  |                     | Mediatec                    | 14.50           | 0031              |        |
| ✓ 11             | Bridged Urinal                  | 6-18T              | GTB             |             |  |  |                     | Beambrook Medical           | 13.24           |                   |        |
| ✓ 21             | Saddle Urinal                   | 6-26               |                 |             |  |  |                     | Beambrook Medical           | 13.24           |                   |        |
| 12               | Male Urinal 1pt                 |                    |                 |             |  |  |                     | Somos<br>Spacer             | 4.50            |                   |        |
| <del>6</del>     | <del>Male Urinal 1 litre</del>  |                    |                 |             |  |  |                     | <del>Somos<br/>Spacer</del> | <del>4.50</del> |                   |        |
| ✓ 10             | IV Administration Set           | 21-0346<br>-25     | FSB             | 392         |  |  |                     | Sims<br>Granny              |                 |                   |        |
| 2 pks            | Urilsleeve                      | GDW<br>035         | GDW             | 035         |  |  |                     |                             | 7.20            |                   |        |
| ✓ 2 pks          | Urilsleeve                      | GDW<br>036         |                 |             |  |  |                     |                             | 7.20            |                   |        |
| ✓ 2 pks          | Urilsleeve                      | SOC<br>040         |                 |             |  |  |                     |                             | 7.20            |                   |        |

REQUISITIONED BY J Colver Please Print Name J Colver EXT. NO. \_\_\_\_\_  
 (Signature)  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 (Signature)

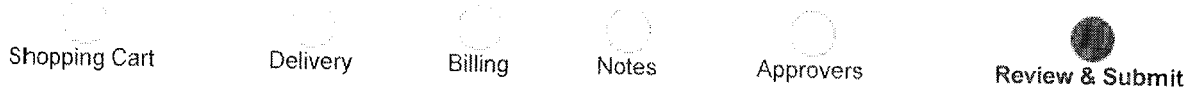
REQUISITION NO: **54382**



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## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
- **Need to make corrections?** Use your browser's Back button

**Requisition 492**

**Total (GBP) 39.72**

Created by **5LX WYATT, ELAINE**      Urgent Requisition **No**  
 Creation Date **19-JUN-2006**      P-Card Number  
 Description **Urinal 19-06-06**  
 Note to Approver **please approve**  
 Note to Buyer

[Add Attachments](#)

| Attention To | Type | Description |
|--------------|------|-------------|
|--------------|------|-------------|

### Items

To view all the information for a line item, click its **View** link.

| Line                     | Item Description         | Unit | Quantity | Price | Total (GBP)  |
|--------------------------|--------------------------|------|----------|-------|--------------|
| <a href="#">▶ View</a> 1 | Bridge urinal code 6-18T | EACH | 1        | 13.24 | 13.24        |
| <a href="#">▶ View</a> 2 | Saddle urinal Code 6-26  | EACH | 2        | 13.24 | 26.48        |
| <b>Total (GBP)</b>       |                          |      |          |       | <b>39.72</b> |

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## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
- **Need to make corrections?** Use your browser's Back button

**Requisition 490**

**Total (GBP) 58.00**

Created by **5LX WYATT, ELAINE** Urgent Requisition **No**  
 Creation Date **19-JUN-2006** P-Card Number  
 Description **Citrus spray 19-06-06**  
 Note to Approver **please approve**  
 Note to Buyer

[Add Attachments](#) **Attention To** **Type** **Description**

### Items

To view all the information for a line item, click its **View** link.

| Line                   | Item Description       | Unit | Quantity | Price | Total (GBP)  |
|------------------------|------------------------|------|----------|-------|--------------|
| <a href="#">View</a> 1 | Citrus spray Code 0031 | EACH | 4        | 14.50 | 58.00        |
| <b>Total (GBP)</b>     |                        |      |          |       | <b>58.00</b> |

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## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
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**Requisition 489**

**Total (GBP) 62.13**

Created by **5LX WYATT, ELAINE** Urgent Requisition **No**  
 Creation Date **19-JUN-2006** P-Card Number  
 Description **Admin sets 19-06-06**  
 Note to Approver **please approve**  
 Note to Buyer

[Add Attachments](#) **Attention To** **Type** **Description**

### Items

To view all the information for a line item, click its **View** link.

| Line                   | Item Description  | Unit       | Quantity | Price | Total (GBP) |
|------------------------|---|------------|----------|-------|-------------|
| <a href="#">View</a> 1 | ADMINISTRATION SET FOR<br>GRASEBY 500 VOLUMETRIC PUMP<br>STANDARD INFUSION SET GRASEBY<br>21-0346-25                              | EACH       | 10       | 2.987 | 29.87       |
| <a href="#">View</a> 2 | URINE DRAINAGE LEG BAG HOLDER<br>SMALL URISLEEVE 150111 (PACK 4)  | PACK<br>4  | 2        | 6.128 | 12.26       |
| <a href="#">View</a> 3 | URINE DRAINAGE LEG BAG HOLDER<br>MEDIUM URISLEEVE 150121 (PACK 4)   | PACK<br>4  | 2        | 6.128 | 12.26       |
| <a href="#">View</a> 4 | URINE DRAINAGE BAG WITH NON<br>RETURN VALVE DRAINABLE NON<br>STERILE 2000ML WITH SINGLE<br>DRAIN TAP BARDIA B2000NWT<br>(PACK 10) | PACK<br>10 | 2        | 3.872 | 7.74        |
| <a href="#">View</a> 5 | NHS LOGISTICS CATALOGUE FREE<br>OF CHARGE   | EACH       | 1        | 0.001 | 0.00        |

**Total (GBP) 62.13**

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## Review and Submit Requisition

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- **Ready to complete this transaction?** Press the **Submit** button
- **Need to make corrections?** Use your browser's Back button

### Requisition 493

**Total (GBP) 54.00**

Created by **5LX WYATT, ELAINE** Urgent Requisition **No**  
 Creation Date **19-JUN-2006** P-Card Number  
 Description **Male urinal 19-06-06**  
 Note to Approver **please approve**  
 Note to Buyer

[Add Attachments](#) **Attention To** **Type** **Description**

### Items

To view all the information for a line item, click its **View** link.

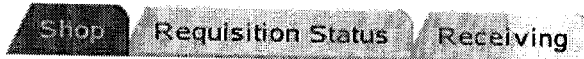
| Line                   | Item Description    | Unit | Quantity | Price | Total (GBP)  |
|------------------------|---------------------|------|----------|-------|--------------|
| <a href="#">View</a> 1 | 1 pint male urinals | EACH | 12       | 4.50  | 54.00        |
| <b>Total (GBP)</b>     |                     |      |          |       | <b>54.00</b> |

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## Review and Submit Requisition

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- **Ready to complete this transaction?** Press the **Submit** button
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**Requisition 929**

**Total (GBP) 17.00**

Created by **5LX WYATT, ELAINE** Urgent Requisition **No**  
 Creation Date **08-AUG-2006** P-Card Number  
 Description **GELATIN POWDER 08-08-06**  
 Note to Approver **PLEASE APPROVE**  
 Note to Buyer

[Add Attachments](#) **Attention To** **Type** **Description**

### Items

To view all the information for a line item, click its **View** link.

| Line                   | Item Description  | Unit     | Quantity | Price  | Total (GBP) |
|------------------------|---|----------|----------|--------|-------------|
| <a href="#">View</a> 1 | GELATIN GELLING COMPOUND POWDER 6G SACHETS VERNAGEL 450MA100 (PACK 100) | PACK 100 | 1        | 17.004 | 17.00       |

**Total (GBP) 17.00**

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## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
- **Need to make corrections?** Use your browser's Back button

**Requisition 928**

**Total (GBP) 151.96**

Created by **5LX WYATT, ELAINE**      Urgent Requisition **No**  
 Creation Date **08-AUG-2006**      P-Card Number  
 Description **VARIOUS ITEMS HOMECRAFT DAEDALUS 08-08-06**  
 Note to Approver **PLEASE APPROVE**  
 Note to Buyer

[Add Attachments](#)    Attention To    Type    Description

### Items

To view all the information for a line item, click its **View** link.

|                        | Line | Item Description                        | Unit | Quantity | Price | Total (GBP) |
|------------------------|------|---|------|----------|-------|-------------|
| ▶ <a href="#">View</a> | 1    | CLEAR POLYCARBONATED MUG<br>CODE AA5700 | EACH | 6        | 3.87  | 23.22       |
| ▶ <a href="#">View</a> | 2    | TWO HANDLED BEAKER CODE<br>AA5760       | EACH | 6        | 3.14  | 18.84       |
| ▶ <a href="#">View</a> | 3    | STANDARD TOILET FRAME CODE<br>AA2210    | EACH | 2        | 54.95 | 109.90      |

**Total (GBP) 151.96**

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Supplies Department  
 Unit 18  
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 Hedge End  
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 Tel: 01489 779600

G-T.B.

East Hampshire   
Primary Care Trust

Portsmouth City   
Teaching Primary Care Trust

Fareham and Gosport   
Primary Care Trust

# NON-STOCK REQUISITION

DATE 8/8/06 DEPT./HOSPITAL Paediatrics DELIVERY TO Paediatrics TRANSFER POINT \_\_\_\_\_

## FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N | SUPPLIER                   | UNIT COST | ORDER NUMBER | REMARK |
|----------|---------------------------------|--------------|-----------------|-------------|--|--|---------------------|----------------------------|-----------|--------------|--------|
|          |                                 |              | ACCOUNT No.     | COST CENTRE |  |  |                     |                            |           |              |        |
| 6        | clear polycarbonate mug base    | AA5700       |                 |             |  |  |                     | Homecare Polycr. 3.87 each | AA5700    |              |        |
| 6        | Two Handled Beaker              | AA5760       |                 |             |  |  |                     | " 3.14 each                | AA5760    |              |        |
| 2        | Standard Styling Toilet Frame   | AA2210       |                 |             |  |  |                     | " 54.95                    | AA2210    |              |        |
|          |                                 |              |                 |             |  |  |                     |                            |           |              |        |
|          |                                 |              |                 |             |  |  |                     |                            |           |              |        |
| 1        | Gelatin gelling compound powder | 450MH050     |                 |             |  |  |                     | Vernigel 19.98             | HFL018    |              |        |

REQUISITIONED BY J. Colverson Please Print Name J. COLVERSON EXT. NO. \_\_\_\_\_  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 (Signature)

REQUISITION NO: **54385**





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- Review & Submit

## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
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**Requisition 720**

**Total (GBP) 60.94**

Created by **5LX WYATT, ELAINE**      Urgent Requisition **No**  
 Creation Date **13-JUL-2006**      P-Card Number  
 Description **Dressing 13-07-06**  
 Note to Approver **PLEASE APPROVE**  
 Note to Buyer

[Add Attachments](#)    **Attention To**      **Type**      **Description**

### Items

To view all the information for a line item, click its **View** link.

| Line                     | Item Description  | Unit    | Quantity | Price  | Total (GBP) |
|--------------------------|---|---------|----------|--------|-------------|
| ▶ <a href="#">View</a> 1 | BANDAGE TUBULAR 100% COTTON 20M ROLL SIZE 78 LARGE ADULT LIMBS COMFIGAUZ SHILOH Z786                      | EACH    | 1        | 5.174  | 5.17        |
| ▶ <a href="#">View</a> 2 | BANDAGE COMPRESSION TYPE 3A LIGHT COMPRESSION 10CM X 8.7 METRE DRUG TARIFF K-PLUS PAREMA 781087 (PACK 16) | PACK 16 | 2        | 20.783 | 41.57       |
| ▶ <a href="#">View</a> 3 | BANDAGE LIGHT SUPPORT TYPE 2 10CM X 4.5M DRUG TARIFF K-LITE PAREMA 771045 (PACK 16)                       | PACK 16 | 2        | 7.098  | 14.20       |

**Total (GBP) 60.94**

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 Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

*From NHS  
 Logistic catalogue.*

East Hampshire   
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Portsmouth City   
 Teaching Primary Care Trust

Fareham and Gosport   
 Primary Care Trust

### NON-STOCK REQUISITION

DATE 12.7.06 DEPT./HOSPITAL Doddlewell Gwmr DELIVERY TO \_\_\_\_\_ TRANSFER POINT \_\_\_\_\_

#### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY         | DESCRIPTION           | PRODUCT CODE    | ACCOUNTING CODE |             |  |  |  |  |  | VAT RECLAIMABLE Y/N | SUPPLIER            | UNIT COST | ORDER NUMBER | REMARK |
|------------------|-----------------------|-----------------|-----------------|-------------|--|--|--|--|--|---------------------|---------------------|-----------|--------------|--------|
|                  |                       |                 | ACCOUNT No.     | COST CENTRE |  |  |  |  |  |                     |                     |           |              |        |
| 2 PK             | Bandage tubule        | 680             | 7020252091      |             |  |  |  |  |  |                     | Colson              |           |              |        |
| 21               | Bandage tubule        | EGS 2<br>686786 |                 |             |  |  |  |  |  |                     | Colson              | 6.08      | ESJ .038     |        |
| 2 pke of (pk 16) | Bandage compressor    | 781087          |                 |             |  |  |  |  |  |                     | K-Plus<br>Parema    | 24.42     | ECA 110      |        |
| 2 pke (pk 16)    | Bandage Light support | 771045          |                 |             |  |  |  |  |  |                     | K-Lite<br>Parema    | 8.34      | ECA 100      |        |
| 1                | Bridge Unit           | 6-18T           |                 |             |  |  |  |  |  |                     | Exe mbred<br>Parema | 13.24     |              |        |
| 21               | Bridge Unit           | 6-26            |                 |             |  |  |  |  |  |                     | Exe mbred<br>Parema | 13.24     |              |        |
| 6                | Drain Linen 1 pt      |                 |                 |             |  |  |  |  |  |                     | Exe mbred<br>Parema | 4.50      |              |        |
| 6                | Drain Linen 11 lb     |                 |                 |             |  |  |  |  |  |                     | Exe mbred<br>Parema | 4.50      |              |        |
| 10               | IV Administration Set | 21-0346<br>-25  |                 |             |  |  |  |  |  |                     | Exe mbred<br>Parema |           |              |        |

REQUISITIONED BY [Signature] Please Print Name \_\_\_\_\_ EXT. NO. \_\_\_\_\_  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 (Signature)

REQUISITION NO: **54383**

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## Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

- **Ready to complete this transaction?** Press the **Submit** button
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**Requisition 770**

**Total (GBP) 11.02**

Created by **5LX WYATT, ELAINE**

Urgent Requisition **No**

Creation Date **21-JUL-2006**

P-Card Number

Description **bandages daedalus 21-07-06**

Note to Approver **please approve**

Note to Buyer

[Add Attachments](#)

Attention To

Type

Description

### Items

To view all the information for a line item, click its **View** link.

| Line                   | Item Description   | Unit    | Quantity | Price | Total (GBP) |
|------------------------|--|---------|----------|-------|-------------|
| <a href="#">View</a> 1 | BANDAGE CONFORMING TYPE 1 DRESSING RETENTION 15CM X 4 METRE DRUG TARIFF KNITTED K-BAND PAREMA 815040 (PACK 20) | PACK 20 | 2        | 3.813 | 7.63        |
| <a href="#">View</a> 2 | BANDAGE CONFORMING TYPE 1 DRESSING RETENTION 5CM X 4 METRE DRUG TARIFF KNITTED K-BAND PAREMA 810540 (PACK 20)  | PACK 20 | 2        | 1.694 | 3.39        |

**Total (GBP) 11.02**

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Supplies Department  
 Unit 18  
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 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

*From NINE*

East Hampshire   
Primary Care Trust

Portsmouth City   
Teaching Primary Care Trust

Fareham and Gosport   
Primary Care Trust

# NON-STOCK REQUISITION

DATE 12.02.06 DEPT./HOSPITAL Goodwin Smith DELIVERY TO Deodolus TRANSFER POINT \_\_\_\_\_

## FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION        | PRODUCT CODE      | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N | SUPPLIER      | UNIT COST | ORDER NUMBER | REMARK |
|----------|--------------------|-------------------|-----------------|-------------|--|--|---------------------|---------------|-----------|--------------|--------|
|          |                    |                   | ACCOUNT No.     | COST CENTRE |  |  |                     |               |           |              |        |
| 2 pks    | Bandage            | 811040            |                 |             |  |  |                     | K-Band Parema | 2.98 cpr  | ED3040       |        |
| 2 pks    | Bandage            | 815040            |                 |             |  |  |                     | K-Band Parema | 2.98 cpr  | ED3034       |        |
| 2 pks    | Bandage            | 701040            |                 |             |  |  |                     | K-Band Parema | 2.98 cpr  | ED3010       |        |
| 1        | <del>Bandage</del> | <del>811040</del> |                 |             |  |  |                     | K-Band Parema | 2.98 cpr  | ED3010       |        |
| 6        |                    |                   |                 |             |  |  |                     |               |           |              |        |
| 10       |                    |                   |                 |             |  |  |                     |               |           |              |        |

REQUISITIONED BY [Signature] Please Print Name S COLVERSON EXT. NO. \_\_\_\_\_  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 (Signature)

REQUISITION NO: **54384**

*H088*

Supplies Department  
Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

East Hampshire   
Primary Care Trust

Portsmouth City   
Teaching Primary Care Trust

Fareham and Gosport   
Primary Care Trust

# NON-STOCK REQUISITION

DATE 28/1/06 DEPT./HOSPITAL Gwm H DELIVERY TO \_\_\_\_\_ TRANSFER POINT \_\_\_\_\_

## FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY         | DESCRIPTION                            | PRODUCT CODE      | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST   | ORDER NUMBER             | REMARK |
|------------------|--|-------------------|-----------------|-------------|--|--|---------------------|----------|-------------|--------------------------|--------|
|                  |  |                   | ACCOUNT No.     | COST CENTRE |  |  |                     |          |             |                          |        |
| <i>1 box</i>     | <i>Grasoby IVadmusol</i>               | <i>21-0346-25</i> |                 |             |  |  |                     |          | <i>3.18</i> | <i>FSB392</i>            |        |
| <i>2 box</i>     | <i>Flocare 800 Entical Ready Splin</i> | <i>35147</i>      |                 |             |  |  |                     |          | <i>3.29</i> | <i>FSC019</i>            |        |
| <i>1 box</i>     | <i>Flocare antane 111</i>              | <i>35724</i>      |                 |             |  |  |                     |          | <i>1.87</i> | <del><i>FSC019</i></del> |        |
| <i>12 bucket</i> | <i>Sani wipe 5</i>                     | <i>409626</i>     |                 |             |  |  |                     |          | <i>3.29</i> | <i>VST007</i>            |        |
| <i>2 pks</i>     | <i>Wislone</i>                         | <i>GDW 035</i>    |                 |             |  |  |                     |          | <i>7.20</i> |                          |        |
| <i>2 pks</i>     | <i>Wislone</i>                         | <i>GDW 036</i>    |                 |             |  |  |                     |          | <i>7.20</i> |                          |        |
| <i>2 pks</i>     | <i>Wislone</i>                         | <i>GDW 040</i>    |                 |             |  |  |                     |          | <i>7.20</i> |                          |        |

REQUISITIONED BY *J Colver* Please Print Name EXT. NO. \_\_\_\_\_  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_

REQUISITION NO: **54387**

# Fareham and Gosport Primary Care Trust



Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 20/02/06 DEPT./HOSPITAL QwmH DELIVERY TO Drablon TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                                | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |
|----------|--|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|
|          |  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |  |
| 2x boxes | Saliv Gel Disposable <sup>Diagnostic</sup> |              | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           | Philip's     |        |  |  |
|          | Electrode                                  | 13943B       |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
APPROVED (BUDGET HOLDER) [Signature] Please Print Name LAUREN ASTON

REQUISITION NO: **61491**

Fareham and Gosport



Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 10/02/06 DEPT./HOSPITAL QuonH DELIVERY TO Dreadnought Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST  | ORDER NUMBER | REMARK     |                       |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|------------|--------------|------------|-----------------------|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |            |              |            |                       |
| 20 each  | Pillpress - single   |              | 36              | 51          | F | 4 | 4 | 2 | 7 | 7                   |          | Pill Press | →            | £1.25 each |                       |
|          |  |              |                 |             |   |   |   |   |   |                     |          |            |              |            | plus post + packaging |
|          | Please send cheque in order - make cheque payable to REXCOM Europe Ltd |              |                 |             |   |   |   |   |   |                     |          |            |              |            |                       |
|          | Address: REXCOM Europe Ltd   |              |                 |             |   |   |   |   |   |                     |          |            |              |            |                       |
|          | Unit 8 Bellina Business Park   |              |                 |             |   |   |   |   |   |                     |          |            |              |            |                       |
|          | Cupernham Lane   |              |                 |             |   |   |   |   |   |                     |          |            |              |            |                       |
|          | Romsey SO51 7JF  |              |                 |             |   |   |   |   |   |                     |          |            |              |            |                       |

REQUISITIONED BY

*[Signature]*

Please Print Name

T Jones

EXT. NO. 2218

APPROVED (BUDGET HOLDER)  
(Signature)

*[Signature]*

Please Print Name

LACHY ASHTON

REQUISITION NO: **61490**

# Fareham and Gosport

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 02/02/06 DEPT./HOSPITAL QuonH1 DELIVERY TO Dreckalos TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                       | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|-----------------------------------|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |                                   |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |
| 2000     | Gripseal bags                     | mpp          | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           |              |        |  |
| bags     | size 254 x 356 Printed            | BR011        |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          | Important Patients own medicines. |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |                                   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY [Signature]  
 (Signature)  
 APPROVED (BUDGET HOLDER) [Signature]  
 (Signature)

Please Print Name T Jones EXT. NO. 2218  
 Please Print Name RACHEL ASHTON

REQUISITION NO: **61489**



Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 10/11/05 DEPT./HOSPITAL QuomH DELIVERY TO Dorchester TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                                      | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK   |      |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|----------|------|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |          |      |  |  |
| 1 pck    | Urine drainage <sup>leg</sup> bag holder (small) | GDW0035      | 3               | 6           | 5 | 1 | 5 | 4 | 4 | 2                   | 7        | 7         |              | Urideave | 7.20 |  |  |
| 1 pck    | Urine drainage leg bag holder (medium)           | GDW0036      |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
| 1 pck    | Urine drainage leg bag holder (large)            | GDW0040      |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |          |      |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name J COLVERSON

REQUISITION NO: **61488**

# Fareham and Gosport

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

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2625  
2627  
4371  
*[Handwritten signature]*

## NON-STOCK REQUISITION

DATE 04/11/05 DEPT./HOSPITAL QuonH DELIVERY TO Deodalus Ward TRANSFER POINT Quon

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER   | REMARK |  |  |
|----------|---|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|----------------|--------|--|--|
|          |   |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |                |        |  |  |
| 1        | Profpre multi-layer compression bandage system (18-25 cm) |              | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           | Smith + Nephew |        |  |  |
|          | Urgent  |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |                |        |  |  |

REQUISITIONED BY *[Signature]* Please Print Name T. Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) *[Signature]* Please Print Name B.G. Tyler-Lisdale

REQUISITION NO: **61487**

Fareham and Gosport   
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 04/11/05 DEPT./HOSPITAL GuomH DELIVERY TO Dorchester Ward TRANSFER POINT 100 Smith  
3625  
3627  
4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK         |  |  |  |
|----------|--|--------------|-----------------|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|----------------|--|--|--|
|          |  |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                     |          |           |              |                |  |  |  |
| 1        | Profibre multi-layer compression bandage system (18-25 cm) |              | 3               | 6 | 5 | 1           | F | 4 | 4 | 2                   | 7        | 7         |              | Smith + Nephew |  |  |  |
|          | Urgent   |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |                |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T. Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name B.G. Lyles-Lisdale

REQUISITION NO: **61487**

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 16/09/05 DEPT./HOSPITAL Qwmth DELIVERY TO Doedulus Wood TRANSFER POINT 4519

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION          | PRODUCT CODE | ACCOUNTING CODE |             | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|----------------------|--------------|-----------------|-------------|---------------------|----------|-----------|--------------|--------|
|          |                      |              | ACCOUNT No.     | COST CENTRE |                     |          |           |              |        |
| 1        | Section Machine      | 760010       | MS266           | 92471       |                     | LAEDRAL  |           |              |        |
|          | Price £595 VAT       |              | 6741            | T71026      |                     |          |           |              |        |
|          | EXEMPTION FORM       |              |                 |             |                     |          |           |              |        |
|          | ATTACHED             |              |                 |             |                     |          |           |              |        |
|          | ME ATTACHED          |              |                 |             |                     |          |           |              |        |
|          | TO BE DELIVERED TO   |              |                 |             |                     |          |           |              |        |
|          | CLINICAL ENGINEERING |              |                 |             |                     |          |           |              |        |
|          | ST MARY'S HOSPITAL   |              |                 |             |                     |          |           |              |        |
|          | PORTSMOUTH           |              |                 |             |                     |          |           |              |        |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name A Scammell

REQUISITION NO: **61486**

**ORDERING OF NON-DISPOSABLE MEDICAL EQUIPMENT  
(ME FORMS)**

PLEASE ENSURE THAT SECTIONS A, B (if appropriate), C AND D  
OF THIS FORM ARE FULLY COMPLETED.

THE ORIGINAL NON-STOCK REQUISITION AND THE ORIGINAL ME FORM  
SHOULD THEN BE SENT TO NHS SUPPLIES.

A COPY OF THE ME FORM MUST BE SENT TO:

Nicky Heyworth  
Clinical Governance Manager  
Fareham and Gosport PCT,  
Fareham Reach,  
Gosport,  
PO13 OFH  
Tel: 01329 229409

And also to the Department that will be responsible for maintaining the equipment

**REQUEST FOR THE SUPPLY OF NON-DISPOSABLE MEDICAL EQUIPMENT  
 (ADDITIONAL OR REPLACEMENT)**

**SECTION (A) - THIS SECTION MUST ALWAYS BE COMPLETED**

(1) Please give details of the additional or replacement equipment to be purchased:

Name/description of equipment ..... Suction Machine .....

Manufacturer/model no./catalogue no ..... : 780010 .....

Suggested supplier ..... Laedra .....

Proposed location of equipment ..... DAEDALUS WARD, GUMH .....

Name of Manager who will be responsible for the equipment ..... JANE COLVERSON .....

Quantity required ..... 1 ..... Unit price (inc. VAT) £595. Total price (inc. VAT) £595

(2) Does the equipment comply with the appropriate MESG (Medical Equipment Standards Group) Policy? (Please refer to your manager if you are unsure)

YES ( ) YOU MUST QUOTE THE MESG POLICY NO. HERE ( 8 )

NONE APPLIES ( )

(3) Is the equipment a replacement?

YES ( ) Please complete Sections (B) and (C)

NO (  ) Please complete Section (C) only

**SECTION (B) - TO BE COMPLETED FOR REPLACEMENT EQUIPMENT ONLY**

(1) This item replaces: (Description of equipment) .....

Manufacturer/Model No ..... Medical Engineering No .....

(2) Has the item been condemned?

YES ( ) Please give condemned certificate no ..... 140004 .....

NO ( ) Please explain why this equipment needs to be replaced .....

Please explain the affects of non-replacement on patient care .....

- (3) Please detail how the existing equipment will be disposed of .....

**SECTION (C) – THIS SECTION MUST ALWAYS BE COMPLETED**

(1) **FUNDING**

Please highlight the source of funding: **Budget / Trust Fund / Non-Recurring / Donation**

Please give the full financial code against which this order is to be placed

.. 6741 T 71026

(2) **MAINTENANCE** (Maintenance is currently charged at 7% of the purchase price)

Who will be responsible for maintaining the equipment? (Please refer to the Maintenance section in the appropriate MESG Policy)

|   | <u>Cost per annum</u> |
|---|-----------------------|
| Clinical Engineering Section (Portsmouth Hospitals NHS Trust) | £... <u>41.65</u>     |
| Works Department (Portsmouth City PCT, St. James Hospital)    | £ .....               |
| Works Department (Portsmouth Hospitals NHS Trust)             | £ .....               |

Please give the full financial code against which the cost of servicing/maintenance is to be charged. If the equipment is being donated or is already on site you need to identify a budget code for servicing/maintenance .. 3681...F44006

No routine safety and/or performance testing is required (please tick if appropriate) ( )

Please state reason why .....

(3) **DECONTAMINATION AND STERILISATION**

Are there parts of the equipment which must be cleaned and decontaminated before and/or after use?

YES (✓) NO ( ) If yes, please specify which parts

Are there parts of the equipment which must be cleaned and disinfected/sterilised before routine servicing/maintenance in accordance with HN(87)NH(FP)87 35)?

YES ( ) NO ( ) If yes, please specify which parts

Please specify which methods of cleaning and disinfection/sterilisation will be used

IN LINE WITH INFECTION CONTROL

Have the operational implications of disinfection/sterilisation (eg, cost/turn around time) been assessed and appropriate resources allocated? YES ( ) NO ( )

(4) **OTHER RELATED COSTS**

Please specify any other related costs, eg, pre-installation/running costs/other

**SECTION (D) – THIS SECTION MUST ALWAYS BE COMPLETED**

(1) **DELIVERY OF EQUIPMENT**

All equipment must be delivered to the relevant maintenance department, where it will be checked and properly commissioned for use prior to installation. Please tick which department the equipment should be delivered to:

Clinical Engineering Section (Portsmouth Hospitals NHS Trust)

Works Department (Portsmouth City-PCT, St James Hospital)

Works Department (Portsmouth Hospitals NHS Trust)

(2) **NON-STOCK REQUISITION FORM** Number... 61486.....

(3) **CONTACT NAME** (usually the person completing the form)

Name... TERRA JONES..... Base... DAEDALUS W.D...... Tel No. 023 92 60 3218  
QWH

**Once you have completed the above details, please forward this form together with the non-stock requisition form to your Service Manager**

(4) **TO BE COMPLETED BY THE SERVICE MANAGER**

I am satisfied that the above request meets the criteria for purchase and that

- . this purchase has been evaluated to ensure it represents a cost effective option
- . advice from relevant advisers has been sought
- . appropriate storage facilities are available
- . appropriate planned preventative maintenance has been established and will be recorded
- . methods of cleaning/decontamination have been established
- . instruction manuals will be available to all users
- . user training has been organised and will be recorded
- . this item will be subject to appropriate acceptance and pre use checks

Signed A. Scamell..... Name A. Scamell..... Date 16/9/05.....

**Once signed please attach this form to the non-stock requisition form and send on to:**

a) **NHS Supplies**

b) **The relevant NHS Maintenance Department**

Clinical Engineering

Portsmouth City PCT Estates

Portsmouth Hospital Works

c) **Nicky Heyworth, Clinical Governance Manager, Fareham and Gosport PCT, Fareham Reach, Gosport, PO13 0FH (tel. 01329 229409)**



**VAT DECLARATION FORM**

I Toni Scammell (full name)  
Modern Matron (status in organisation)  
GOSPORT WAR MEMORIAL (department in organisation)  
of HOSPITAL  
BURY ROAD  
GOSPORT  
PO12 3PW (name and address of organisation)

declare that the above named organisation is buying from

LAEDRAL  
\_\_\_\_\_  
\_\_\_\_\_ (name and address of supplier)

the following goods or services

SUCTION MACHINE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (description of goods or services)

with order number \_\_\_\_\_

and is paying for this supply with funds provided entirely by a charity or from voluntary contributions.

I also declare that the goods are to be used solely in medical research, diagnosis or treatment.\*

I claim that the supply is eligible for relief from Value Added Tax under Group 16 of the Zero Rate Schedule to the Value Added Tax Act 1983.

A Scammell (signature)  
AJ SCAMMELL (print name)  
16/9/05 (date)

\* delete if not applicable

MRB027 -> Stock .

# Fareham and Gosport

Primary Care Trust


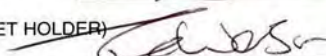
Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 07/09/05 DEPT./HOSPITAL QuomH DELIVERY TO Dreadnought Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N   | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|---------------------------------|--------------|-----------------|-------------|--|--|-----------------------|----------|-----------|--------------|--------|
|          |                                 |              | ACCOUNT No.     | COST CENTRE |  |  |                       |          |           |              |        |
| 24 each  | Porell Hygienic Hand Rub 350mls | ?            | 3651            | F44277      |  |  | ? Cojo Industries Inc |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |
|          |                                 |              |                 |             |  |  |                       |          |           |              |        |

REQUISITIONED BY  Please Print Name T Jones EXT. NO. 2218  
APPROVED (BUDGET HOLDER)  Please Print Name J COLVERSON

REQUISITION NO: **61485**

MRB027 -> Stock

# Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 07/09/05 DEPT./HOSPITAL QuonH DELIVERY TO Dreadnought Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK                |  |  |
|----------|---------------------------------|--------------|-----------------|---|---|-------------|---|---|---------------------|----------|-----------|--------------|-----------------------|--|--|
|          |                                 |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                     |          |           |              |                       |  |  |
| 24 each  | Porell Hygienic Hand Rub 350mls | 7            | 3               | 6 | 5 | 1           | F | 4 | 4                   | 2        | 7         | 7            | ? QOJO Industries Inc |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |
|          |                                 |              |                 |   |   |             |   |   |                     |          |           |              |                       |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name J Colverson

REQUISITION NO: **61485**

Sending Confirm

Date : 31-AUG-2005 WED 11:24  
Name : DAEDALUS WARD  
Tel. : 023 9260 3309

|              |   |              |
|--------------|---|--------------|
| Phone        | : | 901489781779 |
| Pages        | : | 2/2          |
| Start Time   | : | 08-31 11:23  |
| Elapsed Time | : | 00'46"       |
| Mode         | : | ECM          |
| Result       | : | Ok           |

# Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

11/8/05

DATE 31/5/05 DEPT./HOSPITAL DAEDALUS WARD GWMH DELIVERY TO \_\_\_\_\_ TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY            | DESCRIPTION                        | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |  |
|---------------------|------------------------------------|--------------|-----------------|---|---|-------------|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|--|
|                     |                                    |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                     |          |           |              |        |  |  |  |  |
| <del>12</del><br>24 | SHARPSAFE 24L<br><br><i>URGENT</i> | FSL308       | 3               | 6 | 5 | 1           | F | 4 | 4                   | 2        | 7         | 7            |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|                     |                                    |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |

REQUISITIONED BY M Baker Please Print Name MARKEK EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61478**

# Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 11/8/05 31/5/05 DEPT./HOSPITAL DAEDALUS WARD GWMH DELIVERY TO \_\_\_\_\_ TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY  | DESCRIPTION          | PRODUCT CODE  | ACCOUNTING CODE |          |          |             |          |          | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |  |  |
|-----------|----------------------|---------------|-----------------|----------|----------|-------------|----------|----------|---------------------|----------|-----------|--------------|--------|--|--|--|--|--|
|           |                      |               | ACCOUNT No.     |          |          | COST CENTRE |          |          |                     |          |           |              |        |  |  |  |  |  |
| <u>12</u> | <u>SHARPSAFE 24L</u> | <u>FSL308</u> | <u>3</u>        | <u>6</u> | <u>5</u> | <u>1</u>    | <u>F</u> | <u>4</u> | <u>4</u>            | <u>2</u> | <u>7</u>  | <u>7</u>     |        |  |  |  |  |  |
| <u>24</u> |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           | <u>URGENT</u>        |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |
|           |                      |               |                 |          |          |             |          |          |                     |          |           |              |        |  |  |  |  |  |

REQUISITIONED BY M Baker Please Print Name MR BAKER EXT. NO. 2218  
 (Signature)  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON  
 (Signature)

REQUISITION NO: **61478**

Sending Confirm

Date : 11-AUG-2005 THU 15:22  
Name : DAEDALUS WARD  
Tel. : 023 9260 3309

|              |   |              |
|--------------|---|--------------|
| Phone        | : | 901489779600 |
| Pages        | : | 0/1          |
| Start Time   | : | 08-11 15:21  |
| Elapsed Time | : | 00'00"       |
| Mode         | : | ECM          |
| Result       | : | No Answer    |

# Fareham and Gosport

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

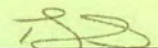
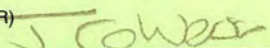
DATE 24/08/05 DEPT./HOSPITAL QuonH DELIVERY TO Dorchester Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY  | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |     |  | VAT RECLAIMABLE Y/N    | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|---|--|--------------|-----------------|-------------|-----|--|------------------------|----------|-----------|--------------|--------|
|   |  |              | ACCOUNT No.     | COST CENTRE |     |  |                        |          |           |              |        |
| 12  | Conefile Filing Pockets<br>(New Gristed Grey PVC) PK10 | C/3/F/1      | 3651            | F4          | 277 |  | Hospital<br>metalcraft |          |           |              |        |
| 30  | Extra/replacement Trib/ R/K/TH<br>Title holders        |              |                 |             |     |  | Utd<br>(Bristol mail)  |          |           |              |        |
| 24  | Full width staff for<br>SAC/413/B                      | SAC/413/B    |                 |             |     |  |                        |          |           |              |        |
| <p>Note:<br/>20 sent back on 3/10/05<br/>to transfer point as requested<br/>by Carole in Supplies -<br/>no uplift number needed.<br/>10/10/05 rang Bristol mail<br/>given uplift number T382479</p> <p>Supplies - no uplift number needed<br/>Just send to transfer point.</p> <p>20 sent back to General<br/>3/10/05</p> |  |              |                 |             |     |  |                        |          |           |              |        |

REQUISITIONED BY

(Signature)  
APPROVED (BUDGET HOLDER)  
(Signature)

 Please Print Name T Jones EXT. NO. 2218  
 Please Print Name J COLVERSON

REQUISITION NO: **61484**



Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 01/08/09 DEPT./HOSPITAL QuonH DELIVERY TO Dreadalus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|---|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |   |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
| 2        | Mowbray Stocking<br>(toilet seat + frame)<br>(NRS Supplies)   | C30974       | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | 46.50  |  |
| 1        | Mowbray extra wide<br>(toilet seat + frame)<br>(NRS Supplies) | C31000       |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name R. Ashton

REQUISITION NO: **61483**

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 13/7/05 DEPT./HOSPITAL GWMH DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK    |  |  |
|----------|---|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|-----------|--|--|
|          |   |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |           |  |  |
| 2 boxes  | Combihesive Natura -<br>two-piece Ostomy System<br>(Order number 57402)<br>(45mm Flange - standard) |              | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | Conubitec |  |  |
| 1        | ECC cable for Agilent<br>ECC machine<br>URGENT  |              |                 |             |   |   |   |   |   |                     |          |           |              | Conubitec |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name MAURICE ASHTON

REQUISITION NO: **61482**

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 30/06/05 DEPT./HOSPITAL QwmH DELIVERY TO Doehalws TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                   | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|-------------------------------|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |                               |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
|          | Multifit Nebulizer            |              | 3               | 6           | 5 | 1 | F | 4 | 2 | 7                   | 7        |           | Rosch        |        |  |
|          | + Boc adaptor<br>(ref 922820) | ? 922820     |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          | 22mm Corrugated tubing        | ? 18234      |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |                               |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2018  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name Clare Ashton

REQUISITION NO: **61481**

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 14/06/05 DEPT./HOSPITAL QuonH DELIVERY TO Drochilus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                            | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
| 2 Packs  | Urine Drainage leg bag holder (small)  | CDW035       | 36              | 51          | F | 4 | 4 | 2 | 7 | 7                   |          | Uriskeve  | 7.20         |        |  |
| 2 Packs  | Urine Drainage Leg Bag Holder (medium) | CDW036       |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
| 2 Packs  | Urine Drainage Leg Bag Holder (Large)  | CDW040       |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY (Signature) T Jones Please Print Name T JONES EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) (Signature) [Signature] Please Print Name LAURENCE ASHTON

REQUISITION NO: **61480**

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 09/06/05 DEPT./HOSPITAL QuonH DELIVERY TO Droekulus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY  | DESCRIPTION   | PRODUCT CODE      | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|-----------|---|-------------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|           |   |                   | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
| 2 x Boxes | Write-on-wristlets<br>(Patient Identity Bands)<br>Adult size<br>M | FSL236            | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        |           |              |        |  |
| 10 each   | IV Administration Set<br>(Blood) Ref 591-082J<br>RC-591<br>URGENT | XH-0006<br>2760-9 |                 |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY

(Signature)  
APPROVED (BUDGET HOLDER)  
(Signature)

Please Print Name T Jones EXT. NO. 8818

Please Print Name RACHEL ASHTON

REQUISITION NO: **61479**

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 28/04/15 DEPT./HOSPITAL GuomH DELIVERY TO Drackalos TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |
|----------|--|--------------|-----------------|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|
|          |  |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |  |  |
| 1        | Hewlett Packard<br>(Cable lead to record<br>ECG's) | M2254A       | 3               | 6 | 5 | 1           | F | 4 | 4 | 2                   | 7        | 7         |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |   |   |             |   |   |   |                     |          |           |              |        |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name AGLIEC ASHTON

REQUISITION NO: **61477**

# Fareham and Gosport

Primary Care Trust

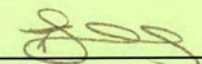
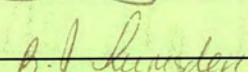
Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 21/04/05 DEPT./HOSPITAL QuonH DELIVERY TO Diabetes Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                      | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE<br>Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|----------------------------------|--------------|-----------------|---|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|--------|--|
|          |                                  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                        |          |           |              |        |  |
| 50       | IV Admin Set<br>591-082g Graseby |              | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                      | 7        |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |
|          |                                  |              |                 |   |   |   |             |   |   |   |                        |          |           |              |        |  |

REQUISITIONED BY  Please Print Name T Jones EXT. NO. 2218  
APPROVED (BUDGET HOLDER)  Please Print Name B.J. LUMSDEN

REQUISITION NO: **61476**  
Charnauds Ltd. PMP0857

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 19/04/05 DEPT./HOSPITAL Quorn H DELIVERY TO Daedalus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |   |  |  |  |  |  |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---------------------|----------|-----------|--------------|--------|---|--|--|--|--|--|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |                     |          |           |              |        |   |  |  |  |  |  |  |  |
| 2 Boxes  | (Write-on-wristlets<br>(Patient Identity Bands<br>Adott size)            | FSLZ36       | 3               | 6           | 5 | 1 | F                   | 4        | 4         | 2            | 7      | 7 |  |  |  |  |  |  |  |
| 6        | Male Urinals (Plastic<br>bottle - no cap)<br>do not have order<br>number |              |                 |             |   |   |                     |          |           |              |        |   |  |  |  |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2018  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61475**



Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 07/03/05 DEPT./HOSPITAL Quorn DELIVERY TO Deodalus Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |         |  |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---------------------|----------|-----------|--------------|--------|---------|--|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |                     |          |           |              |        |         |  |  |  |
| 10 each  | IV Administration Set<br>(blood) Ref 591.082J<br>code XH-0006-2760-4, 8C-591 |              | 3               | 6           | 5 | 1 | F | 4 | 4                   | 2        | 7         | 7            |        | Cruseby |  |  |  |
|          | Urgent   |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |         |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name LACHEL ASHTON

REQUISITION NO: **61474**

REF 214371

Fareham and Gosport



Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 07/03/05 DEPT./HOSPITAL Primary Care Trust DELIVERY TO DAD... Wood TRANSFER POINT 43741

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                         | PRODUCT CODE | ACCOUNTING CODE |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |   |  |  |  |  |  |  |  |  |  |  |  |
|----------|-------------------------------------|--------------|-----------------|-------------|---|---|---------------------|----------|-----------|--------------|--------|---|--|--|--|--|--|--|--|--|--|--|--|
|          |                                     |              | ACCOUNT No.     | COST CENTRE |   |   |                     |          |           |              |        |   |  |  |  |  |  |  |  |  |  |  |  |
|          | 210... (blood) Ref: 591-082J        | 81621        | 3               | 6           | 5 | 1 | F                   | 4        | 4         | 2            | 7      | 7 |  |  |  |  |  |  |  |  |  |  |  |
|          | <del>1256 XH006-2760-1580-591</del> |              |                 |             |   |   |                     |          |           |              |        |   |  |  |  |  |  |  |  |  |  |  |  |
|          | Urgent                              |              |                 |             |   |   |                     |          |           |              |        |   |  |  |  |  |  |  |  |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name F. STONES EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name URSACUSON ASHTON

REQUISITION NO: **61474**

Sending Confirm

Date : 18-FEB-2005 FRI 13:41  
Name : DAEDALUS WARD  
Tel. : 023 9260 3309

|              |   |              |
|--------------|---|--------------|
| Phone        | : | 901773724219 |
| Pages        | : | 1/1          |
| Start Time   | : | 02-18 13:39  |
| Elapsed Time | : | 00'24"       |
| Mode         | : | ECM          |
| Result       | : | Ok           |

REQ 214371

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 16.2.05 DEPT./HOSPITAL DAEDALUS GUMPT DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|---------------------------------|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |                                 |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
| 2 boxes  | TECNOL. THE LITE ONE            | BT021        | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        |           |              |        |  |
|          | SURGICAL MASK                   |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
|          | <del>LARYNGEAL PROTECTORS</del> |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |
| 1 box    | LARGE.                          |              |                 |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY

*[Signature]*

Please Print Name

F. SHAW

EXT. NO. 2218

APPROVED (BUDGET HOLDER)  
(Signature)

*[Signature]*

Please Print Name

RACHEL ASHTON

REQUISITION NO: **61473**

REQ 214371

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 16.2.05 DEPT./HOSPITAL DAEDALUS GWMH DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                        | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|------------------------------------|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |                                    |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |
| 2 boxes  | TECNOL - THE LITE ONE              | BIPO21       | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           |              |        |  |
|          | SURGICAL MASK                      |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          | <del>LABINJECTORY PROTECTORS</del> |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
| 1 box    | LARGE                              |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY [Signature] Please Print Name F. SHAW EXT. NO. 2218

APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHAEL ASHTON

REQUISITION NO: **61473**

Sending Confirm

Date : 17-FEB-2005 THU 12:12  
Name : DAEDALUS WARD  
Tel. : 023 9260 3309

|              |   |              |
|--------------|---|--------------|
| Phone        | : | 901489781779 |
| Pages        | : | 3/3          |
| Start Time   | : | 02-17 12:08  |
| Elapsed Time | : | 00'55"       |
| Mode         | : | ECM          |
| Result       | : | Ok           |

fax no 9. 01973 724219.

Fareham and Gosport **NHS**  
Primary Care Trust



Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 17/02/15 DEPT./HOSPITAL GuamH DELIVERY TO Drochulus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK    |  |  |  |
|----------|---|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|-----------|--|--|--|
|          |   |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |           |  |  |  |
| 10       | standard Buchman laryngectomy box of Protectors (large) | not known    | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | ? Buchman |  |  |  |
| 1        | box please  |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |
|          |   |              |                 |             |   |   |   |   |   |                     |          |           |              |           |  |  |  |

REQUISITIONED BY  Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER)  Please Print Name RACHEL ASHTON.

REQUISITION NO: **61472**

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 17/02/05 DEPT./HOSPITAL GuamH DELIVERY TO Dr. Ockelus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK      |  |  |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|-------------|--|--|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
| 10       | steroidal Borchmann longgeredomy box of Protectors (large) | not known    | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | ? Borchmann |  |  |  |  |
| 1        | box please   |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |
|          |  |              |                 |             |   |   |   |   |   |                     |          |           |              |             |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61472**



Sending Confirm

Date : 11-FEB-2005 FRI 09:22  
Name : DAEDALUS WARD  
Tel. : 023 9260 3309

|              |   |              |
|--------------|---|--------------|
| Phone        | : | 901489781779 |
| Pages        | : | 2/2          |
| Start Time   | : | 02-11 09:21  |
| Elapsed Time | : | 00'35"       |
| Mode         | : | ECM          |
| Result       | : | Ok           |







Fareham and Gosport



Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

### NON-STOCK REQUISITION

DATE 20/01/05 DEPT./HOSPITAL Quorn H DELIVERY TO Doreobus Wood TRANSFER POINT 4371

#### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK        |  |  |  |
|----------|--|--------------|-----------------|---|---|-------------|---|---|---------------------|----------|-----------|--------------|---------------|--|--|--|
|          |  |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                     |          |           |              |               |  |  |  |
| 2        | Slipper Bedpan Strobed<br>(no product code is this item) |              | 3               | 6 | 5 | 1           | F | 4 | 2                   | 7        | 7         |              | James Spencer |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |
|          |  |              |                 |   |   |             |   |   |                     |          |           |              |               |  |  |  |

REQUISITIONED BY [Signature] Please Print Name J Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name LACHEL ASHTON

REQUISITION NO: **61469**



Fareham and Gosport   
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 07/12/04 DEPT./HOSPITAL QuornH DELIVERY TO Dracalys Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |
|----------|---|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|
|          |   |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |  |
| 10 each  | Blood Clipping Set for<br>Gaseby 500 volumetric<br>pump   |              | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           | Gaseby       |        |  |  |
| 4 each   | Large clips for linen<br>trolleys (1 have red<br>plastic heads)<br>to fit hold plastic<br>bags to trolley |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name S. GRANARO  
 (Signature)

REQUISITION NO: **61467**

# Portsmouth Hospitals

NHS Trust

Supplies Department  
Tel: (01489) 779600  
Fax:

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton  
SO30 2FY

FROM Supplies  
TO T. Jones  
DATE 1-11-04

**REQUEST FOR REQUISITION INFORMATION**

Re: ~~Stock~~ non stock requisition Number 61465

Please find enclosed your requisition, which has been returned for the following reason(s):

- insufficient information on item(s).
- no authorised Budget Holder/Manager signature.
- signatory not authorised for this requisition point/cost centre.
- an accounting code is required.
- unable to read/identify signature. Please print name.
- accounting code invalid. Please refer to your management account.
- authorisation required to raise cheque with order.
- item(s) requested is available via NHS Supplies Depot. On this occasion your requirement has been transferred to a stock requisition. For future reference the appropriate stock code is:  
.....
- the item(s) requested against the above are no longer stock items. Please submit a non-stock requisition.
- other .....

Please complete the relevant information and return to the above address for the attention of:

TEO  
Tel: 01489 779605 (Print name)  
As soon as possible.

*Mary Thomas*



# Fareham and Gosport Primary Care Trust



Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 25/10/64 DEPT./HOSPITAL QuomH DELIVERY TO Dorcas Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |             |      |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|---------------------------------|--------------|-----------------|-------------|------|--|---------------------|----------|-----------|--------------|--------|
|          |                                 |              | ACCOUNT No.     | COST CENTRE |      |  |                     |          |           |              |        |
| 2        | Toe nail clippers<br>(Timesco)  |              | 3651            | F4          | 4277 |  | Timesco<br>4289     |          |           |              |        |
| 2        | File for toe nails<br>(Timesco) |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |
|          |                                 |              |                 |             |      |  |                     |          |           |              |        |

REQUISITIONED BY  Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER)  Please Print Name R. ASHTON

REQUISITION NO: **61465**

J

PONTIAC HOSPITALS  
29 OCT 2004  
DEPT.

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 26/11/04 DEPT./HOSPITAL Cwmthi DELIVERY TO Dreochalus Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION      | PRODUCT CODE  | ACCOUNTING CODE |          |          |          |             |          |          |          | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|------------------|---------------|-----------------|----------|----------|----------|-------------|----------|----------|----------|---------------------|----------|-----------|--------------|--------|--|
|          |                  |               | ACCOUNT No.     |          |          |          | COST CENTRE |          |          |          |                     |          |           |              |        |  |
| <u>1</u> | <u>ECC Paper</u> | <u>FD1816</u> | <u>3</u>        | <u>6</u> | <u>5</u> | <u>1</u> | <u>F</u>    | <u>4</u> | <u>4</u> | <u>2</u> | <u>7</u>            |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |
|          |                  |               |                 |          |          |          |             |          |          |          |                     |          |           |              |        |  |

REQUISITIONED BY [Signature] Please Print Name T BONS EXT. NO.    
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name LACHYLL ASHTON

REQUISITION NO: **61466**

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 21/10/04 DEPT./HOSPITAL GuomH DELIVERY TO Dereck Jones Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION        | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK       |  |  |  |
|----------|--------------------|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------------|--|--|--|
|          |                    |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |              |  |  |  |
| 2 bxs    | Verma Care Gel     | 450MA50      | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | Verma Care   |  |  |  |
|          | 50 sachets per box |              |                 |             |   |   |   |   |   |                     |          |           |              | Forks Bolton |  |  |  |
|          |                    |              |                 |             |   |   |   |   |   |                     |          |           |              | Bolton       |  |  |  |
|          |                    |              |                 |             |   |   |   |   |   |                     |          |           |              | RJ12TY       |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2018  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name Stewart Gannaway

REQUISITION NO: **61464**

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 14/10/04 DEPT./HOSPITAL QuonH DELIVERY TO Dreclus Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY  | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |    |     |  |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|---|--|--------------|-----------------|-------------|---|----|-----|--|--|---------------------|----------|-----------|--------------|--------|
|   |  |              | ACCOUNT No.     | COST CENTRE |   |    |     |  |  |                     |          |           |              |        |
| 4   | Physio-control Quik-comb<br>pacing/defibrillation/ECC<br>electrodes (pk 2) | 11996        | 36              | 51          | F | 44 | 277 |  |  | Medtronic           |          |           |              |        |
| <p style="font-size: 2em; opacity: 0.5;">URGENT</p> |  |              |                 |             |   |    |     |  |  |                     |          |           |              |        |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name S. Canuano

REQUISITION NO: **61463**

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 13/10/04 DEPT./HOSPITAL QuornH DELIVERY TO Doecklus Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |                     |          |           |              |        |  |  |  |
| 2 Boxes  | Write-on-wristlets<br>(patient Identity Bands<br>Adult size) | FSL236       | 3               | 6           | 5 | 1 | F | 4 | 4                   | 2        | 7         | 7            |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |

REQUISITIONED BY [Signature]  
 (Signature)  
 APPROVED (BUDGET HOLDER)  
 (Signature)

Please Print Name T Jones EXT. NO. 2018  
 Please Print Name \_\_\_\_\_

REQUISITION NO: **61462**

# Fareham and Gosport

Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 13/10/04 DEPT./HOSPITAL QuonH DELIVERY TO Dorcas Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|--|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |
| 2 Boxes  | Write-on-wristlets<br>(patient Identity Bands<br>Adult size) | FSL236       | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |
|          |  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY  Please Print Name T Jones EXT. NO. 2018  
 APPROVED (BUDGET HOLDER) \_\_\_\_\_ Please Print Name \_\_\_\_\_  
 (Signature)

REQUISITION NO: 61462

Fareham and Gosport **NHS**  
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 24/01/04 DEPT./HOSPITAL QuornH DELIVERY TO Devalus Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|----------|---|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|          |   |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |  |
| 2        | Repose booties<br>(Disposable which<br>are of plastic + can<br>be pumped up to right<br>size) Do not use<br>product code. |              | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   | 7        |           |              |        |  |
|          | Hip protectors<br>(Again do not use<br>product code)  |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY

(Signature)  
 APPROVED (BUDGET HOLDER)  
 (Signature)

*[Handwritten Signature]*

Please Print Name

Please Print Name

*[Handwritten Name]*  
*[Handwritten Name]* ASTON

EXT. NO. 2218

REQUISITION NO: **61460**



# Fareham and Gosport Primary Care Trust



Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 01/10/04 DEPT./HOSPITAL QuonH DELIVERY TO Dracthus TRANSFER POINT 437L

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                            | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK          |  |  |  |  |
|----------|--|--------------|-----------------|---|---|---|-------------|---|---|---------------------|----------|-----------|--------------|-----------------|--|--|--|--|
|          |  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |                     |          |           |              |                 |  |  |  |  |
| 1        | Trolley - Big, soiled<br>linen, double | WT/15/<br>SS | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2                   | 7        | 7         |              | Bristol<br>mail |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |
|          |  |              |                 |   |   |   |             |   |   |                     |          |           |              |                 |  |  |  |  |

3.10.04  
S Jones

REQUISITIONED BY (Signature) [Signature] Please Print Name T Jones EXT. NO. 2018  
APPROVED (BUDGET HOLDER) (Signature) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61461**

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 23/01/04 DEPT./HOSPITAL Quorn H DELIVERY TO Drochulus Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY      | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER     | REMARK |  |
|---------------|--|--------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|------------------|--------|--|
|               |  |              | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |                  |        |  |
| <del>13</del> | Rock - Drainage, S Backs<br>c/w s.steel Drip Tray.<br><del>RD/BS</del> | RD/BS        | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | Z         | Bristol<br>maicl |        |  |
| 8             | Holder - Urinal, Hanging   | UB/K         |                 |             |   |   |   |   |   |                     |          |           | Bristol<br>maicl |        |  |

REQUISITIONED BY

(Signature)  
APPROVED (BUDGET HOLDER)  
(Signature)

[Signature]  
[Signature]

Please  
Print Name

T Jones EXT. NO. 2218

Please  
Print Name

RACHEL ASHTON

REQUISITION NO: **61459**

04-09-20 11:31  
G.W.M.H.

Page 01

## LAST TRANSMISSION REPORT

|                |              |       |
|----------------|--------------|-------|
| Act.N.         | 1885         |       |
| Type           | TX ECM       |       |
| Doc.N          |              |       |
| Dialled Number | 901489779617 |       |
| Name           |              |       |
| Received Id    |              |       |
| Date/Time      | 04-09-20     | 11:30 |
| Duration       | 00:38        |       |
| Pages          | 01           |       |
| Result         | OK           |       |

NHS SUPPLIES SOUTH AND WEST DIVISION

# STOCK REQUISITION

THIS SECTION TO BE COMPLETED BY REQUISITIONER FOR ITEM'S LISTED IN STORES CAT.

TRANSFER POINT No. 4371

HOSPITAL/UNIT Guam.H.

REQUISITION No. 659059

DEPARTMENT Drooklus Wood

| CATALOGUE CODE No. |   |   |   |   |   | ITEM DESCRIPTION  | UNIT OF ISSUE | QTY. REQ. |
|--------------------|---|---|---|---|---|-------------------|---------------|-----------|
| W                  | 9 | D | 2 | 7 | 0 | Clip bulldog 60mm | Pck<br>10     | 3.        |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
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|                    |   |   |   |   |   |                   |               |           |
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|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |

REQUISITIONED BY [Signature]

BUDGETARY APPROVAL [Signature]

TELEPHONE No. 083 9860 3218 EXT.  

DATE 20/09/04 19  

DATE 20/04/10 2004

NHS SUPPLIES SOUTH AND WEST DIVISION

# STOCK REQUISITION

THIS SECTION TO BE COMPLETED BY REQUISITIONER FOR ITEM'S LISTED IN STORES CAT.

TRANSFER POINT No. 4371

HOSPITAL/UNIT Glou.H

REQUISITION No. 659059

DEPARTMENT Districts Wood

| CATALOGUE CODE No. |   |   |   |   |   | ITEM DESCRIPTION  | UNIT OF ISSUE | QTY. REQ. |
|--------------------|---|---|---|---|---|-------------------|---------------|-----------|
| W                  | 9 | D | 2 | 7 | 0 | Clip bulldog 60mm | Pck<br>10     | 3.        |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |
|                    |   |   |   |   |   |                   |               |           |

REQUISITIONED BY [Signature]

BUDGETARY APPROVAL [Signature]

TELEPHONE No. 083 9860 3818 EXT. ....

DATE 20/09/04 19 .....

DATE 20/04/19 2004

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

### NON-STOCK REQUISITION

DATE 21/07/04 DEPT./HOSPITAL GUMH DELIVERY TO Drakos Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION     | PRODUCT CODE     | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE<br>Y/N | SUPPLIER   | UNIT COST | ORDER NUMBER | REMARK |
|----------|-----------------|------------------|-----------------|---|---|---|-------------|---|---|---|------------------------|------------|-----------|--------------|--------|
|          |                 |                  | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                        |            |           |              |        |
| 8        | Slipper Bedpans | <del>304ZP</del> | 3               | 6 | 5 | 1 | F           | 4 | 2 | 7 |                        | Verma Care |           |              |        |
|          |                 | 304ZPool         |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |
|          |                 |                  |                 |   |   |   |             |   |   |   |                        |            |           |              |        |

REQUISITIONED BY [Signature]  
 (Signature)  
 APPROVED (BUDGET HOLDER) [Signature]  
 (Signature)

Please Print Name T Jones EXT. NO. 2018  
 Please Print Name S. GARLANDO

REQUISITION NO: **61458**

# Fareham and Gosport **NHS** Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 06/07/04 DEPT./HOSPITAL G.W.M.H. DELIVERY TO Daedalus TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE   | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK            |  |  |  |
|----------|--|----------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|-------------------|--|--|--|
|          |  |                | ACCOUNT No.     | COST CENTRE |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
| 8        | male <del>S</del> Urinary Holder (Support holder) (male urine bottles) | UR504<br>25001 | 3               | 6           | 5 | 1 | F | 4 | 4 | 2                   | 7        | 7         |              | Southern Syringes |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |
|          |  |                |                 |             |   |   |   |   |   |                     |          |           |              |                   |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T. Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name S. CARLAND

REQUISITION NO: **61457**

Faxed 05/07/04 @ 130

Fareham and Gosport **NHS**

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 05/07/04 DEPT./HOSPITAL CUMH DELIVERY TO Doedulos TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                                  | PRODUCT CODE   | ACCOUNTING CODE |             |          |          |          |          |          | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK                             |  |  |
|----------|--|----------------|-----------------|-------------|----------|----------|----------|----------|----------|---------------------|----------|-----------|--------------|------------------------------------|--|--|
|          |  |                | ACCOUNT No.     | COST CENTRE |          |          |          |          |          |                     |          |           |              |                                    |  |  |
| <u>4</u> | <u>Indicator Strips - pH</u><br><u>paper</u> | <u>3150525</u> | <u>3</u>        | <u>6</u>    | <u>5</u> | <u>1</u> | <u>F</u> | <u>4</u> | <u>4</u> | <u>2</u>            | <u>7</u> | <u>7</u>  |              | <u>VWR</u><br><u>International</u> |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |
|          |  |                |                 |             |          |          |          |          |          |                     |          |           |              |                                    |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name SARAH BARNARD  
 (Signature)

REQUISITION NO: **61456**



Fareham and Gosport   
 Primary Care Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 21/6/04 DEPT./HOSPITAL QWOMH DELIVERY TO Deborah Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |  |
|----------|---|--------------|-----------------|---|---|-------------|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|--|
|          |   |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                     |          |           |              |        |  |  |  |  |
| 4        | Resuscitator Manual<br>(BVM) Disposable<br>complete with<br>reservoir, size S<br>mask & O <sub>2</sub> tubing | FDE141       | 3               | 6 | 5 | 1           | F | 4 | 4                   | 2        | 7         | 7            |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |
|          |   |              |                 |   |   |             |   |   |                     |          |           |              |        |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61455**

# Fareham and Gosport

Primary Care Trust

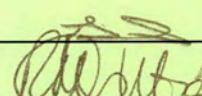
Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 10/06/04 DEPT./HOSPITAL Quorn H DELIVERY TO Deakin Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                             | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|---|--------------|-----------------|---|---|---|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|
|          |   |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                     |          |           |              |        |
| 1 box    | Syringe Hypos conc<br>(over-lak family) | F00212       | 3               | 6 | 5 | 1 | F           | 4 | 4 | 2 | 7                   |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |
|          |   |              |                 |   |   |   |             |   |   |   |                     |          |           |              |        |

REQUISITIONED BY \_\_\_\_\_  
 (Signature)  
 APPROVED (BUDGET HOLDER)   
 (Signature)  
 Please Print Name T Jones EXT. NO. 2018  
 Please Print Name RACHEL ASHTON

REQUISITION NO: **61454**

# Fareham and Gosport

Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 19/04/04 DEPT./HOSPITAL QuonH DELIVERY TO Drochulus Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                                | PRODUCT CODE | ACCOUNTING CODE |             |    |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK   |  |  |  |
|----------|--|--------------|-----------------|-------------|----|---|---|---|---------------------|----------|-----------|--------------|----------|--|--|--|
|          |  |              | ACCOUNT No.     | COST CENTRE |    |   |   |   |                     |          |           |              |          |  |  |  |
|          | Marshall Requisition<br>masks (disposable) |              | 3               | 6           | 51 | F | 4 | 4 | 2                   | 7        | 7         |              | Marshall |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |
|          |  |              |                 |             |    |   |   |   |                     |          |           |              |          |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name R. ASHTON

REQUISITION NO: **61453**

URGENT

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 29/09/04 DEPT./HOSPITAL Fareham DELIVERY TO Deedwood Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY    | DESCRIPTION                  | PRODUCT CODE  | ACCOUNTING CODE |             |          |             | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|-------------|------------------------------|---------------|-----------------|-------------|----------|-------------|---------------------|----------|-----------|--------------|--------|
|             |                              |               | ACCOUNT No.     | COST CENTRE |          |             |                     |          |           |              |        |
| 2 <u>MP</u> | <u>AMBIB bag - face mask</u> | <u>81-100</u> | <u>4</u>        | <u>887</u>  | <u>F</u> | <u>1859</u> |                     |          |           |              |        |
|             | <u>GENS FOR</u>              |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>GASBY VALVARS</u>         |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>INFLATION PUMP</u>        |               |                 |             |          |             |                     |          |           |              |        |
| 50          | <u>BLOOD GENTIN</u>          |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>FOR CRIBBY</u>            |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>VALVARS</u>               |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>INFLATION PUMP</u>        |               |                 |             |          |             |                     |          |           |              |        |
|             | <u>URGENT</u>                |               |                 |             |          |             |                     |          |           |              |        |

REQUISITIONED BY T Jones Please Print Name [Signature] EXT. NO. 2018  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name RACHEL ASHTON

REQUISITION NO: **61452**

*Revised  
26/03/04*

TRANSACTION REPORT

19-MAR-2004 12:55

FOR: DAEDALUS WARD GWMH

603218

SEND

| DATE   | START | RECEIVER     | PAGES | TIME  | NOTE |
|--------|-------|--------------|-------|-------|------|
| 19-MAR | 12:5  | 901489781779 | 2     | 2'00" | OK   |

\*\*\*\*\*

URGENT

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 19/3/04 DEPT./HOSPITAL GWTH DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |  |  |  |
|----------|---|--------------|-----------------|-------------|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|--|--|--|
|          |   |              | ACCOUNT No.     | COST CENTRE |   |   |   |                     |          |           |              |        |  |  |  |  |  |  |
| 200      | STANDARD ADULT<br>GZUENS SET FOR<br>GRASEBY VOLUMETRIC<br>INFUSION PUMP | 8L-820       | 4               | 8           | 8 | 7 | F | 1                   | 8        | 5         | 9            |        |  |  |  |  |  |  |
| 50       | BLOOD GZUENS SET<br>FOR GRASEBY<br>VOLUMETRIC<br>INFUSION PUMP          |              |                 |             |   |   |   |                     |          |           |              |        |  |  |  |  |  |  |
|          | <u>URGENT</u>   |              |                 |             |   |   |   |                     |          |           |              |        |  |  |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name J LEATHROX EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name Prin Deed RGN

REQUISITION NO: **61451**

URGENT

Fareham and Gosport **NHS**  
Primary Care Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 19/3/04 DEPT./HOSPITAL GWHM DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |             |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |  |  |  |  |
|----------|---------------------------------|--------------|-----------------|-------------|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|--|--|--|--|
|          |                                 |              | ACCOUNT No.     | COST CENTRE |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 200      | STANDARD ADULT GIVING SET FOR   | 86-820       | 4               | 8           | 8 | 7 | F                   | 1        | 8         | 5            | 9      |  |  |  |  |  |  |  |
| 2        | GRASEBY VOLUETRIC INFUSION PUMP |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 1        |                                 |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 1        |                                 |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 150      | BLOOD GIVING SET FOR GRASEBY    |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 2        |                                 |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 1        | VOLUETRIC INFUSION PUMP         |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 1        |                                 |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |
| 2        |                                 |              |                 |             |   |   |                     |          |           |              |        |  |  |  |  |  |  |  |

URGENT

REQUISITIONED BY [Signature] Please Print Name J LEATHROP EXT. NO. 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name \_\_\_\_\_

REQUISITION NO: **61451**

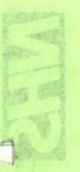
901489781779

REQUISITION NO.  
 81421

| DATE | DEPT HOSPITAL | DELIVERY TO | TRANSFER POINT | QUANTITY | DESCRIPTION | CODE | ADDITIONAL INFORMATION | COST CENTER | SUPPLIER | COST UNIT | NUMBER ORDER | REMARK |
|------|---------------|-------------|----------------|----------|-------------|------|------------------------|-------------|----------|-----------|--------------|--------|
|      |               |             |                |          |             |      |                        |             |          |           |              |        |
|      |               |             |                |          |             |      |                        |             |          |           |              |        |
|      |               |             |                |          |             |      |                        |             |          |           |              |        |
|      |               |             |                |          |             |      |                        |             |          |           |              |        |
|      |               |             |                |          |             |      |                        |             |          |           |              |        |

NON-STOCK REQUISITION

Fareham and Gosport  
 Primary Care Trust



FOR SUPPLIES DEPARTMENT USE ONLY

Unit 18  
 Solent Industrial Estate  
 Hedges End  
 Southampton SO30 5FY  
 Tel: 01489 239800



# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 01/03/04 DEPT./HOSPITAL GHMMH DELIVERY TO Drachlor Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY     | DESCRIPTION                | PRODUCT CODE  | ACCOUNTING CODE |             |          |          | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK   |  |  |  |  |  |  |  |  |
|--------------|----------------------------|---------------|-----------------|-------------|----------|----------|---------------------|----------|-----------|--------------|----------|--|--|--|--|--|--|--|--|
|              |                            |               | ACCOUNT No:     | COST CENTRE |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
| <u>Box 6</u> | <u>pH Indicator Strips</u> | <u>315025</u> | <u>4</u>        | <u>8</u>    | <u>6</u> | <u>7</u> | <u>FK</u>           | <u>1</u> | <u>8</u>  | <u>5</u>     | <u>9</u> |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |
|              |                            |               |                 |             |          |          |                     |          |           |              |          |  |  |  |  |  |  |  |  |

REQUISITIONED BY [Signature] Please Print Name T Jones EXT. NO 2218  
APPROVED (BUDGET HOLDER) [Signature] Please Print Name P. Keen

REQUISITION NO: **60170**



Fixed 12/01/04

12.30

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 12/01/04 DEPT./HOSPITAL Dental QumH DELIVERY TO Dorchester Road TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|---|--------------|-----------------|-------------|--|--|---------------------|----------|-----------|--------------|--------|
|          |   |              | ACCOUNT No:     | COST CENTRE |  |  |                     |          |           |              |        |
| 10 each  | Structural adult giving set for Volumatic Infusion Pump (GRASEBY) | 8C-8204      | 887             | 1859        |  |  |                     |          |           |              |        |
|          | <b>URGENT</b>   |              |                 |             |  |  |                     |          |           |              |        |

REQUISITIONED BY [Signature] Please Print Name T. Jones EXT. NO 2018  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name LAUREL ADAMTON

REQUISITION NO: **60169**

URGENT  
**Portsmouth Hospitals & Healthcare** **NHS**  
 NHS Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

### NON-STOCK REQUISITION

DATE 7/1/04 DEPT./HOSPITAL DAEDALUS GWAM DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK  |      |  |  |
|----------|--|--------------|-----------------|-------------|---|---|---|---|---------------------|----------|-----------|--------------|---------|------|--|--|
|          |  |              | ACCOUNT No:     | COST CENTRE |   |   |   |   |                     |          |           |              |         |      |  |  |
| 2        | TUBING FOR<br>LAERDAL SUCTION UNIT<br>PART NO 780631 |              | 4               | 8           | 8 | 7 | 0 | 0 | 1                   | 8        | 5         | 7            | LAERDAL | 6.30 |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |
|          |  |              |                 |             |   |   |   |   |                     |          |           |              |         |      |  |  |

REQUISITIONED BY E.K Wyatt Please Print Name E.K WYATT EXT. NO 2225  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name P. BEED

REQUISITION NO: **60168**

## TRANSMISSION VERIFICATION REPORT

TIME : 23/12/2003 10:24

NAME : GWMH

FAX : 01705603201

TEL :

|               |              |
|---------------|--------------|
| DATE, TIME    | 23/12 10:23  |
| FAX NO. /NAME | 901489781779 |
| DURATION      | 00:01:11     |
| PAGE(S)       | 02           |
| RESULT        | OK           |
| MODE          | STANDARD     |

Fareham and Gosport   
Primary Care Trust

SAFE HAVEN FACSIMILE TRANSMISSION

Date: 23/12/03

Number of Pages: 2  
(including this page)

To: Kim Supplies

From: Daedalus

For the Attention of:

Fax No.

Message:

IF YOU DID NOT RECEIVE ALL \_\_\_\_\_ PAGES INCLUDING THIS COVER SHEET PLEASE TELEPHONE IMMEDIATELY

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GOSPORT WAR MEMORIAL HOSPITAL  
BURY ROAD  
GOSPORT, HAMPSHIRE

TEL: 023 9252 4611  
FAX: 023 9260 3201

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: 023 9230 5932

DEPT./HOSPITAL Daedalus GWHH DELIVERY TO \_\_\_\_\_ TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION                               | PRODUCT CODE | ACCOUNTING CODE |             |  |  |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-----|---|--------------|-----------------|-------------|--|--|--|------------------------|----------|-----------|--------------|---------|
|     |   |              | ACCOUNT No.     | COST CENTRE |  |  |  |                        |          |           |              |         |
| 1   | LARNDAL Pocket MASK + oxygen inlet VALVE. | F00 050      | 3686            | A44277      |  |  |  |                        | 1480     |           | URGENT       |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |             |  |  |  |                        |          |           |              |         |

REQUISITIONED BY: [Signature]  
 (Signature)  
 PLEASE PRINT NAME: I. BEE EXT NO. \_\_\_\_\_  
 SIGNATURE: [Signature]  
 APPROVED (BUDGET HOLDER):  
 PRINT NAME CLEARLY

REQUISITION No. **ST 14261**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: 023 9230 5932

Daedalus DEPT./HOSPITAL GWHH DELIVERY TO \_\_\_\_\_ TRANSFER POINT 4371

## FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION                               | PRODUCT CODE | ACCOUNTING CODE |    |     |     |             |  |  |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-----|---|--------------|-----------------|----|-----|-----|-------------|--|--|--|------------------------|----------|-----------|--------------|---------|
|     |   |              | ACCOUNT No.     |    |     |     | COST CENTRE |  |  |  |                        |          |           |              |         |
| 1   | LAERDAL Pocket MASK + oxygen inlet VALVE. | F00          | 36              | 86 | A44 | 277 |             |  |  |  |                        |          |           | Urgent       |         |
|     |   | 050          |                 |    |     |     |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |    |     |     |             |  |  |  |                        |          |           |              |         |
|     |   |              |                 |    |     |     |             |  |  |  |                        |          |           |              |         |
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REQUISITIONED BY: [Signature] PLEASE PRINT NAME: I. BIRD EXT NO. \_\_\_\_\_  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): \_\_\_\_\_  
PRINT NAME CLEARLY

REQUISITION No. **ST14261**



01489781779

RESOLUTION NO. 2170001

| OLY | DESCRIPTION        | ODD'S RECORD | VOLUNTARY ACCOMMODATION CODE | CDAT CELL# | ABOVE MENTIONED | SUBJECT | CDAT UNIT | NUMBER ORDER | REMARKS |
|-----|--------------------|--------------|------------------------------|------------|-----------------|---------|-----------|--------------|---------|
|     | NAME               |              |                              |            |                 |         |           |              |         |
|     | NAME ADDRESS PHONE |              |                              |            |                 |         |           |              |         |
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FOR EMPLOYEES OF DEPARTMENT USE ONLY

DEPT. OFF. TO

DEPT. OFF. TO

*Handwritten signature*

NON-STOCK RESOLUTION  
AND SUBPAGES

FOR THE BOARD OF SUPERVISORS  
COUNTY OF ALameda  
SAN JOSE, CALIFORNIA

FORM 038

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 28/11/13 DEPT./HOSPITAL QuonH DELIVERY TO Deborah Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY                  | DESCRIPTION                                  | PRODUCT CODE  | ACCOUNTING CODE |             |          |          |          |          |          |          | VAT RECLAIMABLE Y/N | SUPPLIER       | UNIT COST | ORDER NUMBER | REMARK |
|---------------------------|--|---------------|-----------------|-------------|----------|----------|----------|----------|----------|----------|---------------------|----------------|-----------|--------------|--------|
|                           |  |               | ACCOUNT No:     | COST CENTRE |          |          |          |          |          |          |                     |                |           |              |        |
| <u>100</u><br><u>each</u> | <u>Disposable Liner</u>                      | <u>770480</u> | <u>4</u>        | <u>8</u>    | <u>7</u> | <u>5</u> | <u>2</u> | <u>8</u> | <u>5</u> | <u>9</u> |                     | <u>Corcord</u> |           |              |        |
| <u>1x box</u>             | <u>EGG Paper for Agilent Page writer 200</u> |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
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|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
|                           |  |               |                 |             |          |          |          |          |          |          |                     |                |           |              |        |
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REQUISITIONED BY (Signature) [Signature]  
 APPROVED (BUDGET HOLDER) (Signature) [Signature]  
 Please Print Name T. Jones EXT. NO 2018  
 Please Print Name P. BEED

REQUISITION NO: **60167**

Portsmouth Hospitals & Healthcare **NHS**  
 NHS Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 07/11/08 DEPT./HOSPITAL Quonit DELIVERY TO Deekhor Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                                     | PRODUCT CODE | ACCOUNTING CODE |             |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |  |
|----------|---|--------------|-----------------|-------------|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|--|--|
|          |   |              | ACCOUNT No:     | COST CENTRE |   |   |   |   |                     |          |           |              |        |  |  |  |
| 200 each | Aircooler Filter for 450 (Lateral Section unit) | FDE4451      | 4               | 8           | 8 | 7 | F | D | K                   | 1        | 8         | 5            | 9      |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |
|          |   |              |                 |             |   |   |   |   |                     |          |           |              |        |  |  |  |

REQUISITIONED BY (Signature) [Signature] Please Print Name T Jones EXT. NO 2018  
 APPROVED (BUDGET HOLDER) (Signature) [Signature] Please Print Name I-BREO

REQUISITION NO: **60166**

# Portsmouth Hospitals & Healthcare **WHS**

NHS Trust

Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 29/09/03 DEPT./HOSPITAL QuonH DELIVERY TO Deborah Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY            | DESCRIPTION                          | PRODUCT CODE       | ACCOUNTING CODE |               | VAT RECLAIMABLE Y/N | SUPPLIER        | UNIT COST | ORDER NUMBER | REMARK |
|---------------------|--------------------------------------|--------------------|-----------------|---------------|---------------------|-----------------|-----------|--------------|--------|
|                     |                                      |                    | ACCOUNT No:     | COST CENTRE   |                     |                 |           |              |        |
| <del>x2 boxes</del> | <del>Welland Medical -</del>         | <del>IMP414A</del> | <del>8</del>    | <del>87</del> | <del>FDK</del>      | <del>1839</del> |           |              |        |
|                     | <del>Impact Standard - 30x30cm</del> |                    |                 |               |                     |                 |           |              |        |
|                     | <del>pouches w/ a double</del>       |                    |                 |               |                     |                 |           |              |        |
|                     | <del>disposable liner</del>          |                    |                 |               |                     |                 |           |              |        |
|                     | <del>opaque soft backed</del>        |                    |                 |               |                     |                 |           |              |        |
|                     | <del>14mm Stone bags</del>           |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
|                     |                                      |                    |                 |               |                     |                 |           |              |        |
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Cancelled

REQUISITIONED BY  
(Signature) [Signature]  
APPROVED (BUDGET HOLDER)  
(Signature) \_\_\_\_\_

Please Print Name T Jones EXT. NO 023 9260 3218 2018  
Please Print Name \_\_\_\_\_

REQUISITION NO: **60165**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 29/09/03 DEPT./HOSPITAL Quoniam DELIVERY TO Doctulos Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |    |      | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK    |
|----------|--|--------------|-----------------|-------------|----|------|---------------------|----------|-----------|--------------|-----------|
|          |  |              | ACCOUNT No:     | COST CENTRE |    |      |                     |          |           |              |           |
| x2 boxes | Wellmed Medical - Impact Standard - 3x1000 patches - 2 a toilet disposable liner | IMP4194      | 8               | 87          | FD | 1859 |                     |          |           |              |           |
|          | Open soft braked 14mm straps bags  |              |                 |             |    |      |                     |          |           |              | cancelled |

REQUISITIONED BY  
(Signature)  
APPROVED (BUDGET HOLDER)  
(Signature)

Please Print Name T. Jones  
EXT. NO 2018

025 4260 3218

REQUISITION NO: **60165**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 15/07/08 DEPT./HOSPITAL QuonH DELIVERY TO Doorbis Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION   | PRODUCT CODE                | ACCOUNTING CODE |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |         |  |  |
|----------|---|-----------------------------|-----------------|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|---------|--|--|
|          |   |                             | ACCOUNT No:     | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |         |  |  |
| 4 Boxes  | Write-on-wristlets<br>(patient identity Bands<br>Adult size | <del>?-S010</del><br>FSL236 | 4               | 8           | 8 | 7 | F | D | K | 1                   | 8        | 5         | 9            |        | Premier |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
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|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
|          |   |                             |                 |             |   |   |   |   |   |                     |          |           |              |        |         |  |  |
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REQUISITIONED BY [Signature]  
(Signature)  
APPROVED (BUDGET HOLDER) [Signature]  
(Signature)

Please Print Name T Jones EXT. NO 2018  
Please Print Name P. BEFU

REQUISITION NO: **60164**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 15/07/08 DEPT./HOSPITAL QuonH DELIVERY TO Drochda Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION              | PRODUCT CODE | ACCOUNTING CODE |             |      |  |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|--------------------------|--------------|-----------------|-------------|------|--|--|---------------------|----------|-----------|--------------|--------|
|          |                          |              | ACCOUNT No:     | COST CENTRE |      |  |  |                     |          |           |              |        |
| 4 Boxes  | Write-on-worksheets      |              | 4887            | 0           | 1859 |  |  | Premier             |          |           |              |        |
|          | (patient identity Bands) | ?-3010       |                 |             |      |  |  |                     |          |           |              |        |
|          | Adult size               | FSL236       |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
|          |                          |              |                 |             |      |  |  |                     |          |           |              |        |
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REQUISITIONED BY (Signature) [Signature] Please Print Name T Jones EXT. NO 2018

APPROVED (BUDGET HOLDER) (Signature) [Signature] Please Print Name P. BEFU

REQUISITION NO: **60164**

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 TRANSACTION REPORT

09-JUL-2003 14:35

FOR: DAEDALUS WARD GWMH

603218

SEND

| DATE   | START | RECEIVER     | PAGES | TIME  | NOTE |
|--------|-------|--------------|-------|-------|------|
| 09-JUL | 14:33 | 901489781779 | 2     | 1'26" | 05   |

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Portsmouth Hospitals & Healthcare **NHS**  
 NHS Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

**NON-STOCK REQUISITION**

DATE 09/07/08 DEPT./HOSPITAL GLomH DELIVERY TO Jacobus Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY      | DESCRIPTION                                 | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   |   |   | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |
|---------------|---|--------------|-----------------|---|---|---|-------------|---|---|---|---|---|---------------------|----------|-----------|--------------|--------|--|
|               |   |              | ACCOUNT No:     |   |   |   | COST CENTRE |   |   |   |   |   |                     |          |           |              |        |  |
| 10            | Auroscope ear pieces<br>(Vista) Adult sized |              | 4               | 8 | 8 | 7 | F           | D | K | 1 | 8 | 5 | 9                   |          |           |              |        |  |
| <b>URGENT</b> |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |
|               |   |              |                 |   |   |   |             |   |   |   |   |   |                     |          |           |              |        |  |

REQUISITIONED BY [Signature] Please Print Name T. Jones EXT. NO 92603218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name P. Bebb

REQUISITION NO: **60163**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 09/17/18 DEPT./HOSPITAL GlomH DELIVERY TO Drachilus Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |         |  | VAT RECLAIMABLE Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|----------|--|--------------|-----------------|-------------|---------|--|---------------------|----------|-----------|--------------|--------|
|          |  |              | ACCOUNT No:     | COST CENTRE |         |  |                     |          |           |              |        |
| 10       | Auroscope ear pieces<br>(Mistr.) Adult size 2<br><br>↓<br>Cone in box<br><b>URGENT</b> |              | A 8 8 7         | DK          | 1 8 5 9 |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |
|          |  |              |                 |             |         |  |                     |          |           |              |        |

REQUISITIONED BY  
(Signature) [Signature]  
APPROVED (BUDGET HOLDER)  
(Signature) [Signature]

Please Print Name T Jones EXT. NO 9260318  
Please Print Name P. Beed

REQUISITION NO: **60163**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
 Solent Industrial Estate  
 Hedge End  
 Southampton SO30 2FY  
 Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 20/6/03 DEPT./HOSPITAL DAEDALUS GWAM DELIVERY TO DAEDALUS TRANSFER POINT \_\_\_\_\_

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY   | DESCRIPTION               | PRODUCT CODE | ACCOUNTING CODE |             |          |          | VAT RECLAIMABLE<br>Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |
|------------|---------------------------|--------------|-----------------|-------------|----------|----------|------------------------|----------|-----------|--------------|--------|
|            |                           |              | ACCOUNT No:     | COST CENTRE |          |          |                        |          |           |              |        |
| <u>466</u> | <u>BRIDGE URINAL</u>      | <u>G-18T</u> | <u>4</u>        | <u>8</u>    | <u>8</u> | <u>2</u> | <u>8</u>               | <u>5</u> |           |              |        |
|            | <u>WITH TAP</u>           |              |                 |             |          |          |                        |          |           |              |        |
|            | <u>BEAMBRIDGE MEDICAL</u> |              |                 |             |          |          |                        |          |           |              |        |
|            | <u>46 NERROW LANE</u>     |              |                 |             |          |          |                        |          |           |              |        |
|            | <u>BURPHAM GUILFORD</u>   |              |                 |             |          |          |                        |          |           |              |        |
|            | <u>SURREY GUILFORD</u>    |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |
|            |                           |              |                 |             |          |          |                        |          |           |              |        |

REQUISITIONED BY *Phil Reed* Please Print Name P. REED EXT. NO 2218  
 APPROVED (BUDGET HOLDER) *A J Scammell* Please Print Name A J SCAMMELL

REQUISITION NO: **60161**

# Portsmouth Hospitals & Healthcare **NHS**

NHS Trust

Unit 18  
Solent Industrial Estate  
Hedge End  
Southampton SO30 2FY  
Tel: 01489 779600

## NON-STOCK REQUISITION

DATE 20/06/03 DEPT./HOSPITAL Genentl DELIVERY TO Deborah Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE<br>Y/N | SUPPLIER | UNIT COST | ORDER NUMBER | REMARK |  |  |
|----------|--|--------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|--------|--|--|
|          |  |              | ACCOUNT No:     |   |   | COST CENTRE |   |   |   |                        |          |           |              |        |  |  |
| 10       | Solid Gel Disposable Diagnostic Electrode (make - Page Writer 200) |              | 4               | 8 | 5 | 7           | 5 | 2 | 6 | 1                      | 8        | 5         |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |
|          |  |              |                 |   |   |             |   |   |   |                        |          |           |              |        |  |  |

REQUISITIONED BY [Signature] Please Print Name P. BEED EXT. NO 2218  
 APPROVED (BUDGET HOLDER) [Signature] Please Print Name P. BEED

REQUISITION NO: **60162**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

10.6.03 DEPT./HOSPITAL QWMMH DELIVERY TO Deakin's Ward TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS              |  |  |  |  |
|-----|---|--------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|----------------------|--|--|--|--|
|     |   |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |              |                      |  |  |  |  |
| 10  | Solid Gel Disposable Diagnostic Electrode<br>(make Page writer 200) | 51581P       | 3               | 6 | 8 | 6           | F | 4 | 4 | 2                      | 7        | 7         |              | Agilent Technologies |  |  |  |  |
|     | ↓<br>Come in boxes<br>So get 40 boxes                               |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |
|     |   |              |                 |   |   |             |   |   |   |                        |          |           |              |                      |  |  |  |  |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: T Jones EXT NO: 2218  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): Philip Beed RGN Clinical Manager  
PRINT NAME CLEARLY

REQUISITION No. 394410

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL Dorchester GwmH DELIVERY TO Dorchester Ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY    | DESCRIPTION                           | PRODUCT CODE     | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER              | REMARKS             |  |  |  |  |
|--------|---------------------------------------|------------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|---------------------------|---------------------|--|--|--|--|
|        |                                       |                  | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |                           |                     |  |  |  |  |
| 2 sets | Set of 5cc pieces for Keeler otoscope | KT 1599P<br>7229 | 3               | 6 | 8 | 6           | F | 4 | 4 | 2                      | 7        | 7         | 13.14<br>per set<br>+ VAT | Southern<br>Syringe |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |
|        |                                       |                  |                 |   |   |             |   |   |   |                        |          |           |                           |                     |  |  |  |  |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: T Jones EXT NO. 2218  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature]  
PRINT NAME CLEARLY

REQUISITION No. **394409**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

Doordalus Wood DEPT./HOSPITAL Quorn HI DELIVERY TO Doordalus Wood TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION       | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |  |
|-----|-------------------|--------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|---------|--|--|
|     |                   |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |              |         |  |  |
| 2   | Litmus block Book | TEFoot       | 3               | 6 | 8 | 6           | F | 4 | 4 | 2                      | 7        | 7         |              |         |  |  |
|     | 20 leaves pck 10  | OR           |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   | HHDO29       |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |
|     |                   |              |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |

REQUISITIONED BY: T Jones PLEASE PRINT NAME: P. BLEED EXT NO. \_\_\_\_\_  
(Signature)  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature]  
PRINT NAME CLEARLY

REQUISITION No. 394406

\*\*\*\*\*

TRANSACTION REPORT

07-OCT-2002 11:42

FOR: DAEDALUS WARD GWMH

603218

SEND

| DATE   | START | RECEIVER     | PAGES | TIME  | NOTE |
|--------|-------|--------------|-------|-------|------|
| 07-OCT | 11:40 | 901489781779 | 3     | 2'04" | OK   |

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# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

Doedalus DEPT./HOSPITAL Quorn H DELIVERY TO Doedalus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY          | DESCRIPTION   | PRODUCT CODE      | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |  |        |
|--------------|---|-------------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|---------|--|--|--------|
|              |   |                   | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |              |         |  |  |        |
| 6            | Quick-combo Electrodes<br>with redi-pak pre connect<br>system, pair | 300600<br>703     | 3               | 6 | 8 | 6           | F | 4 | 4 | 2                      | 7        | 7         |              |         |  |  |        |
| <del>2</del> | <del>repacked pocket mask<br/>oxygen inlet valve</del>              | <del>FD0050</del> |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  | URGENT |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |
|              |   |                   |                 |   |   |             |   |   |   |                        |          |           |              |         |  |  |        |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: T Jones EXT NO. 6218  
 SIGNATURE: AJ Scamner APPROVED (BUDGET HOLDER): AJ Scamner  
(Signature) PRINT NAME CLEARLY

REQUISITION No. **394405**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

Dorchester DEPT./HOSPITAL Quorn H DELIVERY TO Dorchester TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY          | DESCRIPTION   | PRODUCT CODE       | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |
|--------------|---|--------------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|---------|--|
|              |   |                    | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |              |         |  |
| 6            | Quick-combo Electrodes<br>with redi-pak pre connect<br>system, pair | 300600<br>703      | 3               | 6 | 8 | 6           | F | 4 | 4 | 2                      | 7        |           |              |         |  |
| <del>2</del> | <del>Large old pocket mask +<br/>oxygen inlet valve</del>           | <del>ADW 050</del> |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |
|              |   |                    |                 |   |   |             |   |   |   |                        |          |           |              |         |  |

URGENT

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: T Jones EXT NO. 6218

SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): AJ Scamner  
PRINT NAME CLEARLY

REQUISITION No. 394405

## TRANSMISSION VERIFICATION REPORT

TIME : 09/10/2009 11:59

NAME : GMMH

FAX : 81706611701

TEL :

|               |               |
|---------------|---------------|
| DATE, TIME    | 29/10 11:59   |
| FAX NO. /NAME | 901489 /91779 |
| DURATION      | 00:01:19      |
| PAGE(S)       | 02            |
| RESULT        | OK            |
| MODE          | STANDARD      |

Fareham and Gosport **NHS**  
Primary Care Trust

## SAFE HAVEN FACSIMILE TRANSMISSION

Date:

29  
~~30~~/10/02Number of Pages: 2  
(including this page)

To: FAO TEG SUPPLIES

From: Daedalus.

For the Attention of:

Fax No.

Message:

IF YOU DID NOT RECEIVE ALL 2 PAGES INCLUDING THIS COVER SHEET PLEASE TELEPHONE IMMEDIATELY

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If you have received this facsimile in error, please notify us immediately by telephone on 023 9260 3251 and then destroy the original

GOSPORT WAR MEMORIAL HOSPITAL  
BURY ROAD  
GOSPORT, HAMPSHIRE

TEL: 023 9252 4611

FAX: 023 9260 3201

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

29/10/02 DEPT./HOSPITAL GOSPORT WAR MEMORIAL DELIVERY TO Daedalus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY      | DESCRIPTION       | PRODUCT CODE | ACCOUNTING CODE |    |   |    |             |  |  |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|----------|-------------------|--------------|-----------------|----|---|----|-------------|--|--|--|------------------------|----------|-----------|--------------|---------|
|          |                   |              | ACCOUNT No.     |    |   |    | COST CENTRE |  |  |  |                        |          |           |              |         |
| 1 Box 50 | YANKAUER STANDARD | FWP040       | 36              | 86 | F | 44 | 277         |  |  |  |                        |          |           |              | urgent. |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |
|          |                   |              |                 |    |   |    |             |  |  |  |                        |          |           |              |         |

REQUISITIONED BY: *J Leatham*  
(Signature)

SIGNATURE: *P. E. Wilkins*

PLEASE PRINT NAME: J LEATHAM EXT NO. 2218

APPROVED (BUDGET HOLDER): P. E. WILKINS  
PRINT NAME CLEARLY

REQUISITION No. **394408**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

29/10/02 DEPT./HOSPITAL GOSPORT WAR MEMORIAL DELIVERY TO Daedalus TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY    | DESCRIPTION       | PRODUCT CODE | ACCOUNTING CODE |    |     |    |             |  |  |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|--------|-------------------|--------------|-----------------|----|-----|----|-------------|--|--|--|------------------------|----------|-----------|--------------|---------|
|        |                   |              | ACCOUNT No.     |    |     |    | COST CENTRE |  |  |  |                        |          |           |              |         |
| Box 50 | YANKAUIZ STANDARD | FWP040       | 36              | 86 | F44 | 27 | 7           |  |  |  |                        |          |           |              | urgent. |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |
|        |                   |              |                 |    |     |    |             |  |  |  |                        |          |           |              |         |

REQUISITIONED BY: [Signature]  
(Signature)

PLEASE PRINT NAME: J LEATHAM EXT NO. 2218

SIGNATURE: [Signature]

APPROVED (BUDGET HOLDER): [Signature]  
PRINT NAME CLEARLY

REQUISITION No. **394408**

Daedalus Ward  
Gosport War Memorial Hospital  
Tel. (023) 92603218  
FAX (023) 92580360

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

1/7/07 DEPT./HOSPITAL GWMH DELIVERY TO DAEDALUS WARD TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY           | DESCRIPTION    | PRODUCT CODE | ACCOUNTING CODE |                |                |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|---------------|----------------|--------------|-----------------|----------------|----------------|--|------------------------|----------|-----------|--------------|---------|
|               |                |              | ACCOUNT No.     | COST CENTRE    |                |  |                        |          |           |              |         |
| 2             | NEO PROTECTORS |              |                 |                |                |  | YES                    |          |           |              |         |
| 2             | MALE SMALL     | 20770        | <del>3636</del> | <del>766</del> | <del>277</del> |  | Medistox Ltd           | £52      |           |              |         |
| 5             | NEO            | 20771        | 6740            | 771            | 026            |  | Unit 4                 | -11-     |           |              |         |
| 5             | LARGE          | 20772        |                 |                |                |  | Dynoley NI             | -11-     |           |              |         |
| 4             | XL             | 20773        |                 |                |                |  | Greenbank              | -11-     |           |              |         |
| 2             | XXL            | 20774        |                 |                |                |  | Business Park          | -11-     |           |              |         |
| 2             | FEMALE SMALL   | 20775        |                 |                |                |  | Blackburn              | -11-     |           |              |         |
| 5             | NEO            | 20776        |                 |                |                |  | RBI 3AB                | -11-     |           |              |         |
| 5             | LARGE          | 20777        |                 |                |                |  |                        | -11-     |           |              |         |
| 4             | XL             | 20778        |                 |                |                |  |                        | -11-     |           |              |         |
| 2             | XXL            | 20779        |                 |                |                |  |                        | -11-     |           |              |         |
| Total cost    |                |              |                 |                |                |  |                        |          |           |              |         |
| 2,260.70.     |                |              |                 |                |                |  |                        |          |           |              |         |
| VAT EXEMPT    |                |              |                 |                |                |  |                        |          |           |              |         |
| FORM ATTACHED |                |              |                 |                |                |  |                        |          |           |              |         |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: AJ SCAMMELL EXT NO.   
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): J PEACH PRINT NAME CLEARLY

REQUISITION No. 394407





## NHS SUPPLIES SOUTH AND WEST DIVISION

# NON-STOCK REQUISITION

ROBINSON WAY  
 ANCHORAGE PARK  
 INDUSTRIAL ESTATE  
 PORTSMOUTH  
 PO3 5SB Tel. (01705) 671611  
 Fax. (01705) 672831

DATE 08/05/02 DEPT./HOSPITAL Quorn Hl DELIVERY TO Doreen Word TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY    | DESCRIPTION  | ACCOUNTING CODE |          |          |             |          |          |          | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|-------------|--|-----------------|----------|----------|-------------|----------|----------|----------|----------|-----------|----------------|--------------|---------|--|
|             |  | ACCOUNT No.     |          |          | COST CENTRE |          |          |          |          |           |                |              |         |  |
| <u>1000</u> | <u>Referral letter for : Patient transfers Internal/External &amp; district nurse Intervention</u> | <u>3</u>        | <u>6</u> | <u>8</u> | <u>6</u>    | <u>F</u> | <u>4</u> | <u>4</u> | <u>2</u> | <u>7</u>  | <u>7</u>       |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |
|             |  |                 |          |          |             |          |          |          |          |           |                |              |         |  |

REQUISITIONED BY [Signature] Tel. Ext. 2218 GRADE Word Clerk.  
 APPROVED (BUDGET HOLDER) P. BIRD SIGNATURE [Signature]  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **345510**

# NHS SUPPLIES SOUTH AND WEST DIVISION

## NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 2/4/02 DEPT./HOSPITAL GANTM DELIVERY TO DNEDALUS TRANSFER POINT C06277

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION               | ACCOUNTING CODE |   |   |   |             |   |   |   | SUPPLIER          | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|---------------------------|-----------------|---|---|---|-------------|---|---|---|-------------------|-----------|----------------|--------------|---------|
|          |                           | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                   |           |                |              |         |
| 1        | UNE TUBING 2890/Small/014 | 3               | 6 | 5 | 1 | C           | 6 | 2 | 7 | East Kent HL Care |           |                |              |         |
|          | 16 come in 10's 11m 10    |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |
|          |                           |                 |   |   |   |             |   |   |   |                   |           |                |              |         |

REQUISITIONED BY P. BEED Tel. 2218 Ext. 2218 GRADE S

APPROVED (BUDGET HOLDER) [Signature] SIGNATURE P. BEED

PLEASE PRINT NAME CLEARLY

REQUISITION No. **345508**

## NHS SUPPLIES SOUTH AND WEST DIVISION

# NON-STOCK REQUISITION

ROBINSON WAY  
 ANCHORAGE PARK  
 INDUSTRIAL ESTATE  
 PORTSMOUTH  
 PO3 5SB Tel. (0705) 671611  
 Fax. (0705) 672831

DATE 22/10/08 DEPT./HOSPITAL GUOMH DELIVERY TO Douglas Wood TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION                | ACCOUNTING CODE |   |   |             |   |   |   | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |  |  |
|----------|----------------------------|-----------------|---|---|-------------|---|---|---|----------|-----------|----------------|--------------|---------|--|--|--|
|          |                            | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |          |           |                |              |         |  |  |  |
| 2        | Coff Assembly Medium Adult | 3               | 6 | 8 | 6           | C | 4 | 4 | 2        | 7         | 7              | WelchAllgen  |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |
|          |                            |                 |   |   |             |   |   |   |          |           |                |              |         |  |  |  |

REQUISITIONED BY T Jones Tel. Ext. 2218 GRADE Word Clerk

APPROVED (BUDGET HOLDER) [Signature] SIGNATURE [Signature]

PLEASE PRINT NAME CLEARLY

REQUISITION No. 242381

Harlow J64301874



NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel: (0705) 671611  
Fax: (0705) 672831

DATE 4/2/02 DEPT./HOSPITAL DAEDALUS GWRH DELIVERY TO DAEDALUS TRANSFER POINT 6371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                 | ACCOUNTING CODE |                   | SUPPLIER          | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|-----------------------------|-----------------|-------------------|-------------------|-----------|----------------|--------------|---------|
|          |                             | ACCOUNT No.     | COST CENTRE       |                   |           |                |              |         |
| 1        | OXFORD STANDARD             |                 | <del>644277</del> | Commercial Linen  | £1500     |                |              |         |
|          | + 2 SLINGS                  | 6740            | 071024            | Disability Centre | LESS      |                |              |         |
|          | Commercial Linen            |                 |                   | Waterlooville     | TRADE     |                |              |         |
|          | Disability Centre           |                 |                   |                   | IN        |                |              |         |
|          | Waterlooville               |                 |                   | 023 9224 0899     | £1250     |                |              |         |
|          | Make                        |                 |                   |                   |           |                |              |         |
|          | Tel 023 92 240099           |                 |                   |                   |           |                |              |         |
|          | £250 Trade in offered       |                 |                   |                   |           |                |              |         |
|          | for Daedalus Ward old       |                 |                   |                   |           |                |              |         |
|          | Standard.                   |                 |                   |                   |           |                |              |         |
|          | Contact - Richard           |                 |                   |                   |           |                |              |         |
|          | ME Form No 0/4130 Attached. |                 |                   |                   |           |                |              |         |
|          | <u>JAT</u> EXEMPT FORM      |                 |                   |                   |           |                |              |         |
|          | <u>ATTACHED</u>             |                 |                   |                   |           |                |              |         |

REQUISITIONED BY P. BEE Tel. 92603218 Ext.  GRADE C.N.

APPROVED (BUDGET HOLDER) JAD LEACH SIGNATURE J Leach  
PLEASE PRINT NAME CLEARLY

REQUISITION No. **242380**

URGENT

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 25/4/02 DEPT./HOSPITAL GWAM DELIVERY TO JAE DALUS TRANSFER POINT 6371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | ACCOUNTING CODE |   |   |   |             |   |   |   | SUPPLIER | UNIT COST                                 | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|----------|--|-----------------|---|---|---|-------------|---|---|---|----------|---|----------------|--------------|---------|--|
|          |  | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |          |   |                |              |         |  |
| 2        | US 1826 REUSABLE SMALL<br>ADULT CUFF FOR WELCH ALLEN<br>VITAL SIGNS MONITOR *  | 3               | 6 | 5 | 1 | 6           | 4 | 2 | 7 | 7        | Menlog Medical<br>Supplies<br>Brownfields | £10            |              |         |  |
| 2        | US 2635 REUSABLE NORMAL<br>ADULT CUFF FOR WELCH ALLEN<br>VITAL SIGNS MONITOR * |                 |   |   |   |             |   |   |   |          | Welwyn Garden City<br>Merks<br>AL7 1AN    | £10            |              |         |  |
|          | * SINGLE TUBE, SCREW CONNECTOR   |                 |   |   |   |             |   |   |   |          |   |                |              |         |  |

REQUISITIONED BY P. REED Tel. 92693218 Ext.          GRADE G.  
 APPROVED (BUDGET HOLDER) P. REED SIGNATURE [Signature]  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. 345509

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DAEDALUS DEPT./HOSPITAL PORT WAR MEMORIAL DELIVERY TO DAEDALLUS WARD TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY   | DESCRIPTION                  | PRODUCT CODE | ACCOUNTING CODE |             |     |  | VAT RECLAIMABLE YES/NO   | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-------|------------------------------|--------------|-----------------|-------------|-----|--|--|----------|-----------|--------------|---------|
|       |                              |              | ACCOUNT No.     | COST CENTRE |     |  |  |          |           |              |         |
| 1 Box | CE 0473 - OXYGEN LINK TUBING | 068400       | 4100            | 6441        | 48  |  | PENNINE HEALTHCARE<br>PONTREBACT ST.<br>ASCOT DRIVE<br>DERBY DE248JD |          |           |              |         |
|       |                              |              | 3651            | C44         | 277 |  |  |          |           |              |         |

FDS 337  
Jock

REQUISITIONED BY: P. BEED PLEASE PRINT NAME: P. BEED EXT NO: 2218  
 (Signature)   
 SIGNATURE: APPROVED (BUDGET HOLDER):   
 PRINT NAME CLEARLY

REQUISITION No. **394401**

CONFIDENTIAL - SECURITY INFORMATION

**NHS SUPPLIES AUTHORITY**  
**28 SEP 1999**  
**PORTSMOUTH**

104488



NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (0705) 671611  
Fax. (0705) 672831

DATE 6/9/01 DEPT./HOSPITAL DAEDALUS GWRH DELIVERY TO DAEDALUS TRANSFER POINT 6371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                       | ACCOUNTING CODE |    |   |   |             |   |   |   | SUPPLIER | UNIT COST                     | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|----------|-----------------------------------|-----------------|----|---|---|-------------|---|---|---|----------|-------------------------------|----------------|--------------|---------|--|
|          |                                   | ACCOUNT No.     |    |   |   | COST CENTRE |   |   |   |          |                               |                |              |         |  |
| 7        | LANCASTER COT SIDES<br>HIGH MODEL | 4               | 70 | 0 | 6 | 3           | 4 | 6 | 2 | 0        | JAMES SPENCER                 | £131.95        |              |         |  |
|          |                                   |                 |    |   |   |             |   |   |   |          | PROSPECT HILLS<br>MAIN STREET |                |              |         |  |
| 7        | ANDERSON COT BUMPERS              |                 |    |   |   |             |   |   |   |          | WILSDEN                       | £63.50         |              |         |  |
|          |                                   |                 |    |   |   |             |   |   |   |          | BRADFORD<br>W'YARKS BOISOTR   |                |              |         |  |

REQUISITIONED BY [Signature] Tel. 2218 Ext. 2218 GRADE CR.

APPROVED (BUDGET HOLDER) [Signature] SIGNATURE P. BEECO  
PLEASE PRINT NAME CLEARLY

REQUISITION No. **242379**

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION  
ROBINSON WAY  
PORTSMOUTH  
PO3 5SB Tel. (0705) 671611

DATE 18/06/01 DEPT./HOSPITAL qumh DELIVERY TO Deedals ward TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION   | ACCOUNTING CODE |   |   |   |             |   |   |   |   |  | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|----------|---|-----------------|---|---|---|-------------|---|---|---|---|--|----------|-----------|----------------|--------------|---------|--|
|          |   | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |   |  |          |           |                |              |         |  |
| 12       | Giving Set (set Administration solution max) FSB631 | 3               | 6 | 5 | 1 | C           | 4 | 4 | 2 | 7 |  |          |           |                |              | FSB631  |  |
|          | SIZE 14   |                 |   |   |   |             |   |   |   |   |  |          |           |                |              |         |  |
|          | 921+  |                 |   |   |   |             |   |   |   |   |  |          |           |                |              |         |  |
|          | 18/06/01  |                 |   |   |   |             |   |   |   |   |  |          |           |                |              |         |  |

REQUISITIONED BY [Signature] Tel. Ext. \_\_\_\_\_ GRADE G  
 APPROVED (BUDGET HOLDER) [Signature] SIGNATURE P. BOO  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **174498**

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION  
ROBINSON WAY  
PORTSMOUTH  
PO3 5SB Tel. (0705) 671611

DATE 1/02/01 DEPT./HOSPITAL Qumh Docks DELIVERY TO Docks TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                          | ACCOUNTING CODE |   |   |             |   |   |   | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|----------|--------------------------------------|-----------------|---|---|-------------|---|---|---|----------|-----------|----------------|--------------|---------|--|
|          |                                      | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |          |           |                |              |         |  |
| 1        | <del>Flaten</del> Baker oral Syringe | 3               | 5 | 0 | 1           | 4 | 4 | 2 | 7        | Hemlys    |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |
|          |                                      |                 |   |   |             |   |   |   |          |           |                |              |         |  |

REQUISITIONED BY Pat Williams Tel. 2218 Ext. 2218 GRADE SSd

APPROVED (BUDGET HOLDER) Ascarwell SIGNATURE Ascarwell

PLEASE PRINT NAME CLEARLY

REQUISITION No. 174494

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION  
ROBINSON WAY  
PORTSMOUTH  
PO3 5SB Tel. (0705) 671611

DATE 28/10/00 DEPT./HOSPITAL 9 WH DELIVERY TO DAEDMUS WARD TRANSFER POINT 4-3-71

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY  | DESCRIPTION               | ACCOUNTING CODE |             |           |  | SUPPLIER     | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|-----------|---------------------------|-----------------|-------------|-----------|--|--------------|-----------|----------------|--------------|---------|
|           |                           | ACCOUNT No.     | COST CENTRE |           |  |              |           |                |              |         |
| <u>25</u> | <u>MRB182 - Hibiscrub</u> | <u>201</u>      | <u>042</u>  | <u>27</u> |  | <u>11.21</u> |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |
|           |                           |                 |             |           |  |              |           |                |              |         |

*Reverse*

REQUISITIONED BY [Signature] Tel. 2218 Ext. 2218 GRADE SEN

APPROVED (BUDGET HOLDER) [Signature] SIGNATURE [Signature]  
PLEASE PRINT NAME CLEARLY

REQUISITION No. **174495**

REQUISITION NO. 174782

Daedalus

NON-STOCK REQUISITION

UTRONOVA HTAEN EPNANMAN TAA HTUOS & HTUOMASTROU

NONSTOCK SALPRAE  
YAVI NONSTOCK  
HTUOMASTROU  
FOR THE YEAR 1969

| ORGANIZATION | DESCRIPTION | ACCOUNTING CODE | SUBMITTER | COST UNIT | COMBUSTION | NUMBER ORDER | REMARKS |
|--------------|-------------|-----------------|-----------|-----------|------------|--------------|---------|
|              |             |                 |           |           |            |              |         |

FOR SUBMITTER DEPARTMENT USE ONLY

TRAVELER POINT

DELIVER TO

DATE

DATE

SIGNATURE

GRADE

DATE

APPROVED BY  
REQUISITIONED

\*\*\*\*\*

TRANSACTION REPORT

07-JUL-2000 13:06

FOR: DAEDALUS WARD GWMH

603218

SEND

| DATE   | START | RECEIVER  | PAGES | TIME | NOTE |
|--------|-------|-----------|-------|------|------|
| 07-JUL | 13:06 | 992305332 | 1     | 51"  | OK   |

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TRANSACTION REPORT

07-JUL-2003 09:25

FOR: DAEDALUS WARD GWMH

803219

SEND

| DATE   | START | RECEIVER  | PAGES | TIME | NOTE |
|--------|-------|-----------|-------|------|------|
| 07-JUL | 09:24 | 992305932 | 1     | 51"  | OK   |

\*\*\*\*\*

URGENT

**NHS SUPPLIES  
NON-STOCK REQUISITION**

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

7/7/00 DEPT./HOSPITAL GOSPORT WAR Memorial DELIVERY TO Daedalus ward TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION                     | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |  |  |  |
|-----|---------------------------------|--------------|-----------------|---|---|-------------|---|---|------------------------|----------|-----------|--------------|---------|--|--|--|--|
|     |                                 |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                        |          |           |              |         |  |  |  |  |
| X3  | RUSCH 30ml<br>Balloon catheters | 180530       | 3               | 5 | 8 | 0           | C | 4 | 4                      | 2        | 7         | 7            |         |  |  |  |  |
| X3  | RUSCH 30ml<br>Balloon catheters | 180530       | 3               | 5 | 8 | 0           | C | 4 | 4                      | 2        | 7         | 7            |         |  |  |  |  |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: J NEVILLE EXT NO. 2218  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): P-BEED  
PRINT NAME CLEARLY

REQUISITION No. **394403**



PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION  
ROBINSON WAY  
PORTSMOUTH  
PO3 5SB Tel. (0705) 671611

DATE 28/100 DEPT./HOSPITAL Q.WM DELIVERY TO DAEDALUS WARD TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY   | DESCRIPTION                                     | ACCOUNTING CODE |               | SUPPLIER                | UNIT COST            | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|------------|---|-----------------|---------------|-------------------------|----------------------|----------------|--------------|---------|
|            |   | ACCOUNT No.     | COST CENTRE   |                         |                      |                |              |         |
| <u>425</u> | <u>MRB182 - Hibiscrub HANDERS.<br/>PLUNGERS</u> | <u>3501</u>     | <u>C42277</u> | <u>invaid<br/>Somy!</u> | <u>per<br/># .21</u> |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
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|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |
|            |   |                 |               |                         |                      |                |              |         |

REQUISITIONED BY P. WILKINS Tel. 2218 GRADE SSW  
 APPROVED (BUDGET HOLDER) [Signature] SIGNATURE [Signature]  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **174495**

INITIALS

PORTSMOUTH HOSPITALS  
 N.H.S. TRUST  
 07 AUG 2000  
 SUPPLIES DEPT.

PORTSMOUTH HOSPITALS  
 N.H.S. TRUST  
 11 AUG 2000  
 SUPPLIES DEPT.

NHS SUPPLIES  
NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DAEDALUS DEPT./HOSPITAL GOSPORT WAR MEMORIAL DELIVERY TO DAEDALLUS WARD TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QTY   | DESCRIPTION                  | PRODUCT CODE | ACCOUNTING CODE |        |             |  |  |  |  |  | VAT RECLAIMABLE YES/NO  | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-------|------------------------------|--------------|-----------------|--------|-------------|--|--|--|--|--|---|----------|-----------|--------------|---------|
|       |                              |              | ACCOUNT No.     |        | COST CENTRE |  |  |  |  |  |   |          |           |              |         |
| 1 Box | CE 0473 - OXYGEN LINK TUBING |              |                 |        |             |  |  |  |  |  | PENNINE HEALTHCARE<br>PONTFRAY ST.<br>ASCOT DRIVE<br>DERBY DE24 8JD |          |           |              |         |
|       |                              | 068400       | 4100            | 644148 |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              | 3651            | CH4277 |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |
|       |                              |              |                 |        |             |  |  |  |  |  |   |          |           |              |         |

REQUISITIONED BY: P. BEED  
(Signature)  
SIGNATURE: [Signature]  
PLEASE PRINT NAME: P. BEED  
APPROVED (BUDGET HOLDER): [Signature]  
PRINT NAME CLEARLY  
EXT NO: 2218

REQUISITION No. 394401

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

OAEICALUS DEPT./HOSPITAL GWRM DELIVERY TO OAEICALUS TRANSFER POINT 6371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS   |  |  |  |  |
|-----|---------------|--------------|-----------------|---|---|---|-------------|---|---|------------------------|----------|-----------|--------------|---|--|--|--|--|
|     |               |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |                        |          |           |              |   |  |  |  |  |
| 2   | BED PAN RACKS |              | 3               | 5 | 8 | 0 | 2           | 4 | 6 | 2                      | 7        | 7         | No           | James Spencer<br>Prospect Mills<br>Main Street<br>Wilsden<br>Bradford<br>W. Yorkshire<br>BD15 0JA |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |
|     |               |              |                 |   |   |   |             |   |   |                        |          |           |              |   |  |  |  |  |

REQUESTIONED BY: *[Signature]* PLEASE PRINT NAME: P. BEECO EXT NO. 92603218  
 SIGNATURE: *[Signature]* APPROVED (BUDGET HOLDER): P. BEECO  
(Signature) PRINT NAME CLEARLY

REQUISITION No. **381868**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL DAEDALUS G.W.M DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION                                | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS                |           |  |  |
|-----|--|--------------|-----------------|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|------------------------|-----------|--|--|
|     |  |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |   |                        |          |           |              |                        |           |  |  |
| 1   | T08 (15-POSITIVE LUER-LOCK ADAPTERS (FR9)) | 7981311      | 3               | 5 | 8 | 0           | C | 4 | 4 | 2                      | 7        | 7         |              | FRESENICO. AG GERMANY. | £21+VAT.  |  |  |
|     | URGENTLY REQUIRED - FAXED                  |              |                 |   |   |             |   |   |   |                        |          |           |              |                        |           |  |  |
| 1   | T08 (15-UNIVERSAL FUNNEL ADAPTER)          |              | 3               | 5 | 8 | 0           | C | 4 | 4 | 2                      | 7        | 7         |              | 11                     | £10 +VAT. |  |  |
|     | Confirmation only                          |              |                 |   |   |             |   |   |   |                        |          |           |              |                        |           |  |  |

*Received*

REQUESTIONED BY: [Signature] PLEASE PRINT NAME: P. RICE EXT NO. 92503212  
 SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): P. RICE PRINT NAME CLEARLY

REQUISITION No. **381857**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL MEERON DEPT. GORPOT WAC MEMORIAL DELIVERY TO DALEDANUS WAKO TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |             |  |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-----|--|--------------|-----------------|-------------|--|--|------------------------|----------|-----------|--------------|---------|
|     |  |              | ACCOUNT No.     | COST CENTRE |  |  |                        |          |           |              |         |
| 3   | BLUE + WHITE TUNIC<br>TOPS SIZE 36 BUST<br>HP503<br>FOR HCSW M RUSHION |              | 4100            | C44148      |  |  | ALEXANDRA              |          |           |              |         |
| 2   | PPS TROUSERS SIZE 12<br>FOR HCSW M RUSHION<br>0310                     |              |                 |             |  |  |                        |          |           |              |         |
| 2   | BLUE + WHITE TUNIC<br>TOPS SIZE 44 BUST<br>FOR SSN P WILKINS<br>HP 503 |              |                 |             |  |  |                        |          |           |              |         |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: [Name] EXT NO 2015  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature] PRINT NAME CLEARLY

REQUISITION No. **381856**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL DAEDANUS GOBLET WAC MEMORIAL DELIVERY TO: DAEDANUS WARD TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION   | PRODUCT CODE | ACCOUNTING CODE |    |     |             |   |  | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |
|-----|---|--------------|-----------------|----|-----|-------------|---|--|------------------------|----------|-----------|--------------|---------|
|     |   |              | ACCOUNT No.     |    |     | COST CENTRE |   |  |                        |          |           |              |         |
| 2   | BLUE + WHITE TUNIC<br>TOPS SIZE 58 BUST<br>FOR HCSW S. WOOLAND<br>HPS03 |              | 41              | 00 | C44 | 14          | 8 |  | DAEDANUS               |          |           |              |         |
| 2   | BLUE + WHITE TUNIC<br>TOPS SIZE 38 BUST<br>HS03<br>FOR S/N S NELSON     |              |                 |    |     |             |   |  | DAEDANUS               |          |           |              |         |
| 2   | RES TROUSERS SIZE 12<br>D310<br>FOR S/N S NELSON                        |              |                 |    |     |             |   |  | DAEDANUS               |          |           |              |         |

REQUISITIONED BY: P. Wilkins (Signature) PLEASE PRINT NAME: P. WILKINS EXT NO. 2217

SIGNATURE: R. Pexton APPROVED (BUDGET HOLDER): R. Pexton PRINT NAME CLEARLY

REQUISITION No. **381855**

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DAEDANUS DEPT./HOSPITAL COOPER WAC MEMORIAL DELIVERY TO DAEDANUS WARD TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |             |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |  |
|-----|--|--------------|-----------------|---|---|-------------|---|---|------------------------|----------|-----------|--------------|---------|--|--|
|     |  |              | ACCOUNT No.     |   |   | COST CENTRE |   |   |                        |          |           |              |         |  |  |
| 3   | BLUE+WHITE TUNIC<br>TOPS BUST SIZE 38<br>CODE HPS03<br>LYN EDWARDS           |              | 4               | 1 | 0 | 0           | 4 | 4 | 1                      | 4        |           | ALEXANDER    |         |  |  |
| 2   | PS NAVY TROUSERS<br>SIZE 18<br>CODE D310<br>MARGARET COUCHMAN<br>PAT WILKINS |              |                 |   |   |             |   |   |                        |          |           |              |         |  |  |
| 2   | PS NAVY TROUSERS<br>SIZE 22<br>CODE D310<br>ANANDA SADLER                    |              |                 |   |   |             |   |   |                        |          |           |              |         |  |  |

REQUISITIONED BY: [Signature] PLEASE PRINT NAME: P. WILKINS EXT NO. 2218  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature] PRINT NAME CLEARLY

REQUISITION No. **381853**



SIGNATURE \_\_\_\_\_  
APPROVED BY \_\_\_\_\_  
REQUISITIONED BY \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
PLEASE \_\_\_\_\_  
EXTENSION \_\_\_\_\_  
APPROVED/BUDGET HOLDER \_\_\_\_\_  
DATE \_\_\_\_\_

REQUISITION NO. 381823  
NOV 6 1988

Daedalus

| QTY | DESCRIPTION | CODE | ACCOUNT NO. | ACCOUNTING CODE | AMOUNT | SUPPLIER | PRICE | TOTAL | REMARKS |
|-----|-------------|------|-------------|-----------------|--------|----------|-------|-------|---------|
|     |             |      |             |                 |        |          |       |       |         |

FOR SUPPLIES DEPARTMENT ONE ONLY

# NON-STOCK REQUISITION

## INHS SUPPLIES

ST-1-88  
REQUISITION NO. 381823  
DATE NOV 6 1988

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL DA-300000 DELIVERY TO DA-300000 WARD TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QTY      | DESCRIPTION        | PRODUCT CODE | ACCOUNTING CODE |          |          |          |             |          |          |          | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |  |
|----------|--------------------|--------------|-----------------|----------|----------|----------|-------------|----------|----------|----------|------------------------|----------|-----------|--------------|---------|--|--|
|          |                    |              | ACCOUNT No.     |          |          |          | COST CENTRE |          |          |          |                        |          |           |              |         |  |  |
| <u>2</u> | <u>Rolls ↓</u>     |              | <u>4</u>        | <u>3</u> | <u>0</u> | <u>0</u> | <u>2</u>    | <u>4</u> | <u>4</u> | <u>1</u> | <u>4</u>               | <u>8</u> |           |              |         |  |  |
|          |                    |              |                 |          |          |          |             |          |          |          |                        |          |           |              |         |  |  |
|          | <u>INTRAVENOUS</u> |              |                 |          |          |          |             |          |          |          |                        |          |           |              |         |  |  |
|          | <u>ADDITIVES</u>   |              |                 |          |          |          |             |          |          |          |                        |          |           |              |         |  |  |
|          | <u>LABLES</u>      |              |                 |          |          |          |             |          |          |          |                        |          |           |              |         |  |  |

REQUISITIONED BY: P. Jenkins  
(Signature) PLEASE PRINT NAME: P. Jenkins EXT NO. 2218

SIGNATURE: R. [illegible] APPROVED (BUDGET HOLDER): R. [illegible]  
PRINT NAME CLEARLY

REQUISITION No. **381852**

AMAG 538

BEORIGI ONI NO: 381825

Daedalus

Эксп. №№ 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Эксп. №№ 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100



КОД  
ИДЕНТИФИКАЦИОННЫЙ  
КОД  
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КОД

FOR SUPPLY DEPARTMENT USE ONLY

ИДЕНТИФИКАЦИОННЫЙ КОД

КОД  
ИДЕНТИФИКАЦИОННЫЙ  
КОД  
КОД  
КОД

NON-STOCK ACQUISITION

WHOLESALE SUPPLIES



FAO PAUL  
NON MEDICAL  
SUPPLIES

# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

12.5.99 DEPT./HOSPITAL DAEDALUS WARD C/W/14 DELIVERY TO DAEDALUS WARD TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION                              | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER | UNIT COST | ORDER NUMBER | REMARKS |  |
|-----|--|--------------|-----------------|---|---|---|-------------|---|---|---|------------------------|----------|-----------|--------------|---------|--|
|     |  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                        |          |           |              |         |  |
| 3   | BLUE + WHITE TUNIC<br>TOPS BUST SIZE 36" |              | 4               | 1 | 0 | 0 | 4           | 4 | 1 | 4 | 8                      |          | ALEXANDER |              |         |  |
|     | CODE HPS03                               |              |                 |   |   |   |             |   |   |   |                        |          |           |              |         |  |
| 2   | PR NAVY TROUSERS<br>CODE 0310<br>SIZE 14 |              |                 |   |   |   |             |   |   |   |                        |          |           |              |         |  |

REQUISITIONED BY: [Signature]  
(Signature) PLEASE PRINT NAME: RE WILKINS EXT NO. 2217  
SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature]  
PRINT NAME CLEARLY

REQUISITION No. **381851**

NHS SUPPLIES SOUTH AND WEST DIVISION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

NON-STOCK REQUISITION

DATE 25/2/99 DEPT./HOSPITAL Daedalus Ward GWRH DELIVERY TO Daedalus TRANSFER POINT L371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                                | ACCOUNTING CODE |                   | SUPPLIER                        | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|--|-----------------|-------------------|---------------------------------|-----------|----------------|--------------|---------|
|          |  | ACCOUNT No.     | COST CENTRE       |                                 |           |                |              |         |
| 2        | Alpha X cell Pressure<br>Retaining Matrose | <del>3580</del> | <del>064277</del> | Huntleigh<br>Health Care        | £795      |                |              |         |
|          | £1590                                      | 6740            | C71026            | 310-312 Dollowald<br>Luton Beds |           |                |              |         |
|          | VAT EXEMPT                                 |                 |                   |                                 |           |                |              |         |

REQUISITIONED BY P. BEE Tel. 2210 Ext.  GRADE G  
 APPROVED (BUDGET HOLDER) B. ROBINSON SIGNATURE [Signature]  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **366579**

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 4/11/9. DEPT./HOSPITAL GASPORT WAR Memorial DELIVERY TO General Office TRANSFER POINT 4004

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION         | ACCOUNTING CODE |             |  |  | SUPPLIER                           | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|---------------------|-----------------|-------------|--|--|------------------------------------|-----------|----------------|--------------|---------|
|          |                     | ACCOUNT No.     | COST CENTRE |  |  |                                    |           |                |              |         |
| 2        | KANGEROO PUMPS 224  | 67400           | 71026       |  |  | SHERWOOD                           |           |                |              |         |
|          | @ 390 each          |                 |             |  |  | <del>DELE</del><br>JAVIES AND GEEK |           |                |              |         |
|          | TOTAL               |                 |             |  |  |                                    |           |                |              |         |
|          | £780.00             |                 |             |  |  |                                    |           |                |              |         |
|          | V.A.T FREE-Exempt ✓ |                 |             |  |  |                                    |           |                |              |         |
|          | FORM ATTACHED       |                 |             |  |  |                                    |           |                |              |         |
|          | ME 98 No 4102 ✓     |                 |             |  |  |                                    |           |                |              |         |
|          | Attached.           |                 |             |  |  |                                    |           |                |              |         |

REQUISITIONED BY [Signature] Tel. 2726 Ext. Support Services Manager GRADE Support Services Manager

APPROVED (BUDGET HOLDER) B. ROBINSON SIGNATURE [Signature]  
PLEASE PRINT NAME CLEARLY

REQUISITION No. 366527

# NHS SUPPLIES SOUTH AND WEST DIVISION

## NON-STOCK REQUISITION

ROBINSON WAY  
 ANCHORAGE PARK  
 INDUSTRIAL ESTATE  
 PORTSMOUTH  
 PO3 5SB Tel. (01705) 671611  
 Fax. (01705) 672831

DATE 17/5/99 DEPT./HOSPITAL QWM DELIVERY TO DAEDALUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY   | DESCRIPTION         | ACCOUNTING CODE |   |   |   |   |             |   |   |   |   | SUPPLIER      | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |  |
|--|---------------------|-----------------|---|---|---|---|-------------|---|---|---|---|---------------|-----------|----------------|--------------|---------|--|
|  |                     | ACCOUNT No.     |   |   |   |   | COST CENTRE |   |   |   |   |               |           |                |              |         |  |
| 1 x  | Bacon Aural syringe | 3               | 5 | 0 | 1 | C | 4           | 2 | 2 | 7 | 7 | Monby Medical |           |                |              |         |  |
| <p style="font-size: 2em; opacity: 0.5;">10/5/99 QWM DAEDALUS 3780042277 3780042277 3780042277</p> |                     |                 |   |   |   |   |             |   |   |   |   |               |           |                |              |         |  |

REQUISITIONED BY M.R. Couchman Tel. \_\_\_\_\_ Ext. \_\_\_\_\_ GRADE E

APPROVED (BUDGET HOLDER) \_\_\_\_\_ SIGNATURE M.R. Couchman  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **345506**

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 7.4.99 DEPT./HOSPITAL GWM. DELIVERY TO DAEDALUS WARD TRANSFER POINT 45371246

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION                          | ACCOUNTING CODE |   |   |             |   |   | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER             | REMARKS |  |  |  |
|----------|--------------------------------------|-----------------|---|---|-------------|---|---|----------|-----------|----------------|--------------------------|---------|--|--|--|
|          |                                      | ACCOUNT No.     |   |   | COST CENTRE |   |   |          |           |                |                          |         |  |  |  |
| 2        | HIBISCURB WALL MOUNT<br>ref. ICSE-14 | 3               | 5 | 8 | 0           | 4 | 4 | 2        | 7         | 7              | Supplies<br>Robinson way |         |  |  |  |
|          | URGENT                               |                 |   |   |             |   |   |          |           |                |                          |         |  |  |  |

REQUISITIONED BY R. Peave Tel. Ext. \_\_\_\_\_ GRADE STAFF NURSE

APPROVED (BUDGET HOLDER) R. Plaxton SIGNATURE R. Plaxton  
PLEASE PRINT NAME CLEARLY

REQUISITION No. 345505



# NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Fax: (01705) 305932

14/10/99 DEPT./HOSPITAL G WMM. DELIVERY TO DAEDALUS WARD. TRANSFER POINT 4004371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QTY | DESCRIPTION  | PRODUCT CODE | ACCOUNTING CODE |   |   |   |             |   |   |   | VAT RECLAIMABLE YES/NO | SUPPLIER   | UNIT COST | ORDER NUMBER | REMARKS |
|-----|--|--------------|-----------------|---|---|---|-------------|---|---|---|------------------------|--|-----------|--------------|---------|
|     |  |              | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |                        |  |           |              |         |
| ONE | VERTICAL JD<br>TROLLEY<br><br>(As <del>is</del> <u>on loan</u><br>at the moment)<br><br><u>See attached.</u><br>We are keeping<br>the trolley we<br>already have <u>on</u><br><u>loan</u><br><br>No delivery charge<br>= <u>please</u> | J0/25        |                 |   |   |   |             |   |   |   | No.                    | HOSPITAL<br><br>METALCRAFT<br><br>BLANDFORD HEIGHTS<br><br>BLANDFORD<br><br>FORM.<br><br>DRESET.<br><br>DT117TG. |           |              |         |
|     |  |              | 6               | 7 | 4 | 0 | C           | 7 | 1 | 0 | 2                      | 6  |           |              |         |

REQUISITIONED BY: S J. Nicholson (Signature) PLEASE PRINT NAME: S J NICHOLSON EXT NO. 2271  
 SIGNATURE: [Signature] APPROVED (BUDGET HOLDER): [Signature] PRINT NAME CLEARLY

REQUISITION No. **394432**

NHS SUPPLIES SOUTH AND WEST DIVISION  
**NON-STOCK REQUISITION**

Non medical  
 305928  
 305925  
 " 930

305912

ROBINSON WAY  
 ANCHORAGE PARK  
 INDUSTRIAL ESTATE  
 PORTSMOUTH  
 PO3 5SB Tel. (01705) 671611  
 Fax. (01705) 672831

DATE 30.4.99 DEPT./HOSPITAL ADAMUS WARD QWMT DELIVERY TO ADAMUS WARD 931 TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | ACCOUNTING CODE |             | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|--|-----------------|-------------|----------|-----------|----------------|--------------|---------|
|          |  | ACCOUNT No.     | COST CENTRE |          |           |                |              |         |
| 3        | BLUE + WHITE TUNIC TOPS<br>BUY SIZE 36"<br>HP 503 (SS718) H17.<br>418 EACH. No such codes.<br>This code is for trousers. | 4100            | C44148      |          |           |                |              |         |
| 2        | PR NAVY TROUSERS 0310<br>SIZE 14<br>413.65 EACH.   |                 |             |          |           |                |              |         |
|          | UNIFORMS FOR ACSW I. MURTAGH.  |                 |             |          |           |                |              |         |

REQUISITIONED BY R. MURPHY Tel. 603218 GRADE SSN  
 APPROVED (BUDGET HOLDER) R. LAYTON SIGNATURE R. Layton  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **285380**



NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 30.4.99 DEPT./HOSPITAL ADONANUS WARD GWMH DELIVERY TO ADONANUS WARD TRANSFER POINT 4371.

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY | DESCRIPTION  | ACCOUNTING CODE |   |   |   |             |   |   |   | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|--|-----------------|---|---|---|-------------|---|---|---|----------|-----------|----------------|--------------|---------|
|          |  | ACCOUNT No.     |   |   |   | COST CENTRE |   |   |   |          |           |                |              |         |
| 3        | BLUE + WHITE TUNIC TOPS<br>BODY SIZE 36"<br>HP 503 (SS7182) H17<br>418 EACH. | 4               | 1 | 0 | 0 | 4           | 4 | 1 | 4 |          |           |                |              |         |
| 2        | PR NAVY TROUSERS 0310<br>SIZE 14<br>413.65 EACH.                             |                 |   |   |   |             |   |   |   |          |           |                |              |         |
|          | UNIFORMS FOR ACSW I. MURTAGH.  |                 |   |   |   |             |   |   |   |          |           |                |              |         |

REQUISITIONED BY P. MURTAGH Tel. 603218 GRADE SSN

APPROVED (BUDGET HOLDER) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PLEASE PRINT NAME CLEARLY

REQUISITION No. **285380**

# NHS SUPPLIES SOUTH AND WEST DIVISION

## NON-STOCK REQUISITION

ROBINSON WAY  
 ANCHORAGE PARK  
 INDUSTRIAL ESTATE  
 PORTSMOUTH  
 PO3 5SB Tel. (01705) 671611  
 Fax. (01705) 672831

DATE 20.4.99 DEPT./HOSPITAL DAEDANUS WARD GUMMIT DELIVERY TO DAEDANUS TRANSFER POINT 4371

**FOR SUPPLIES DEPARTMENT USE ONLY**

| QUANTITY | DESCRIPTION  | ACCOUNTING CODE |             | SUPPLIER  | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|----------|--|-----------------|-------------|-----------|-----------|----------------|--------------|---------|
|          |  | ACCOUNT No.     | COST CENTRE |           |           |                |              |         |
| 2        | BLUE + WHITE TUNIC TOPS<br>BUST SIZE 58"<br>HPS03(SS7182) H17<br>418 EACH. | 4100            | C44148      | Alexander |           |                |              |         |
| 1        |  |                 |             |           |           |                |              |         |
| 2        | BLUE + WHITE TUNIC TOPS<br>BUST SIZE 34"<br>H17<br>418 EACH.               |                 |             |           |           |                |              |         |
| 2        | PK NAVY TROUSERS. D310<br>SIZE 12.<br>413.65                               |                 |             |           |           |                |              |         |

REQUISITIONED BY REMARKS Tel. 2218 Ext. 2218 GRADE SSN  
 APPROVED (BUDGET HOLDER) RHATON SIGNATURE [Signature]  
 PLEASE PRINT NAME CLEARLY

REQUISITION No. **285379**









Tombas - M. Barrett -  
Wed. 10.0am .

REQUISITION NO. 381507

REQUISITION NO. 381507

FOR SHARPER DEPARTMENT USE ONLY

ACCOUNTING CODE

OFFICE

APPROVAL DATE

NUMBER

SPIN

TRANSFER POINT

NON-STOCK REQUISITION

MISSOURI SUPPLIES SOUTH AND WEST DIVISION

PO BOX 258  
ROHSBROUGH  
ROHSBROUGH ESTATE  
VINCENNA WY 81011  
ROHSBROUGH WY

Fax: (01105) 013891  
Tel: (01105) 013891

# NHS SUPPLIES SOUTH AND WEST DIVISION NON-STOCK REQUISITION

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

DATE 21.1.99 DEPT./HOSPITAL GOSPORT WAR MEMORIAL HOSPITAL DELIVERY TO DAEDALUS WARD TRANSFER POINT 4371

### FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY                | DESCRIPTION  | ACCOUNTING CODE |                 | SUPPLIER                | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|-------------------------|--|-----------------|-----------------|-------------------------|-----------|----------------|--------------|---------|
|                         |  | ACCOUNT No.     | COST CENTRE     |                         |           |                |              |         |
| <u>2 BOXES<br/>(72)</u> | <u>KANGAROO PUMP SET (SPIKE)<br/>REF 1814 716210</u> | <u>3580</u>     | <u>C4 427 7</u> | <u>SHERWOOD MEDICAL</u> |           |                |              |         |
| <i>Cancelled</i>        |  |                 |                 |                         |           |                |              |         |

REQUISITIONED BY P.E. WILKINS Tel. 603218 Ext. 603218 GRADE S.S.N.

APPROVED (BUDGET HOLDER) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PLEASE PRINT NAME CLEARLY

REQUISITION No. 361206

NHS SUPPLIES SOUTH AND WEST DIVISION

30 305924

ROBINSON WAY  
ANCHORAGE PARK  
INDUSTRIAL ESTATE  
PORTSMOUTH  
PO3 5SB Tel. (01705) 671611  
Fax. (01705) 672831

NON-STOCK REQUISITION

DATE 21.1.99 DEPT./HOSPITAL GOSPORT WAC MEMORIAL HOSPITAL DELIVERY TO DAEDALUS WARD TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY

| QUANTITY         | DESCRIPTION                                  | ACCOUNTING CODE |   |    |             |   |    | SUPPLIER | UNIT COST | QUOTE CONTRACT | ORDER NUMBER | REMARKS |
|------------------|--|-----------------|---|----|-------------|---|----|----------|-----------|----------------|--------------|---------|
|                  |  | ACCOUNT No.     |   |    | COST CENTRE |   |    |          |           |                |              |         |
| 2 BOXES<br>(72)  | KANGAROO Pump SET (SPIKE)<br>REF 1814 716210 | 3               | 5 | 80 | C4          | 4 | 27 | 7        |           |                |              |         |
| <i>Cancelled</i> |  |                 |   |    |             |   |    |          |           |                |              |         |

REQUISITIONED BY PE. WILKINS Tel. 603218 Ext. 603218 GRADE S.S.N.

APPROVED (BUDGET HOLDER) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PLEASE PRINT NAME CLEARLY

REQUISITION No. 361206

4 chairs delivered week before 23 3  
 1 noticed by porters to be torn so was returned  
 in only 3 actually delivered.

Not delivered 20.4.06  
 5 outstanding  
 Jackie General Office to follow

FAREHAM AND GOSPORT PCT

**ORDER No.** W71531 (1)

Please Quote in all Correspondence

**Supplier**  
 ABILITYONE  
 SHELLEY CLOSE  
 LOWMOOR ROAD INDUSTRIAL ESTATE  
 KIRBY IN ASHFIELD  
 NOTTS  
 NG17 7ET

**Deliver to/Execute Work at**  
 GOSPORT WAR MEMORIAL HOSPITAL  
 BURY ROAD  
 GOSPORT  
 HANTS  
 PO12 3PW

**Date** 09/03/06

**Delivery Date** 23/03/06

All enquiries Concerning this Order to  
 SUPLR 8008  
 CRDTR 083385  
 HEDGEND SUPPLIES  
 UNIT 18 SOLENT IND ESTATE  
 HEDGEND S/HAMPTON  
 CAROL COLLINS  
 01489 779603

TEL: 02392 305900 /12  
**Invoice and Payment enquiries**  
 Fareham & Gosport Primary Care Trst  
 c/o Hants Shared Financial Services  
 Finance Dept. St. James Hospital  
 Locksway Road, PORTSMOUTH, Hants  
 PO4 8LD

**Settlement Discount**

**Internal Reqn. No.** 61492

FORWARD INTRNLLY TO: 4004  
 GOSPORT WAR MEMORIAL HOSPITAL  
 J COLVERSON 2278

| Contract Quote Ref. | Comm. Ref. | Total Qty. Required | Unit | Description  | Unit Price incl. VAT | Value incl. VAT | Coding |      |
|---------------------|------------|---------------------|------|--|----------------------|-----------------|--------|------|
|                     |            |                     |      |  |                      |                 | Cost   | E.T. |
| SALES               | THD3755    | 8                   | EACH | ADJUSTABLE METAL FRAME CHAIR. AA3091A. 149.23 + VAT EACH. AS AGREED WITH DAVID. PROMOTION CODE 25/061406. (8008) 9.3.06<br>* * * E N D O F O R D E R * * * | 175.3453             | 1402.76         | F92471 |      |

- NOTES**
1. Unless specified as an order placed under an existing contract, this order is subject to the Health Authority's Conditions of Contract (a copy of which may be obtained on application).
  2. An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note.
  3. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements, etc.
  4. Goods will be received only between 0830 and 1600 hrs. Monday to Friday.
  5. Any alteration in quantity or price must be confirmed in writing by the ordering officer.
  6. Goods to be supplied within the scope of any BSI Quality Assurance or equivalent registration held unless previously notified in writing.
  7. All goods supplied must conform to Year 2000 standards as defined by BSI.

**TOTAL VALUE OF ORDER** 1402.76 (E = EST)

Signed \_\_\_\_\_ Designation \_\_\_\_\_

For and on behalf of the Authority

**ORDER No.** W71531  
 Please Quote in all Correspondence