**Medicinal Product Order Form**

|  |  |
| --- | --- |
| **Research Project Title:** |  |
| **Research Project Order No:** |  |
| **Supplier’s Order No:** |  |
| **Date of Order:** |  |

|  |  |  |
| --- | --- | --- |
| **Supplier/Manufacturer:** |  | **Conditions of order** |
|  |  | 1. No responsibility will be accepted for goods delivered to any address other than the delivery address specified in this order form.2. This order is subject to the terms of any agreement between the Supplier/Manufacturer and Swansea Trials Unit for the supply of goods.3. The goods received must be accompanied by a delivery note.4. The above research project order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc.5. Any alteration in quantity or price or to the attached label must be confirmed in writing by the signatories on this order form.  |

**Delivery requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity** | **Medicinal Product** | **Strength** | **Form** | **Pack size** | **Unit price****(exc VAT)** | **Unit VAT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTALS |  |  |
|  |
| **Deliver to:**<<Specify name & address>> |  | **Invoice to:**<<Specify name & address>> |

**Medicinal Product Order Form**

|  |  |
| --- | --- |
| **Research Project Title:** |  |
| **Research Project Order No:** |  |
| **Suppliers Order No:** |  |
| **Date of Order:** |  |

**Sample Label**

|  |
| --- |
| Please affix sample label here |

I confirm that the sample label attached complies with the guidelines.

I confirm that the sample label **has been/will be** (delete as appropriate) approved by the MHRA (where applicable) and adheres to the medicinal product dosage schedule as stated in the research project protocol.

Signed.............................................................................................................Chief Investigator

Print............................................................................................... Date....................................

Signed....................................................................................Authorised Clinical Trial Pharmacist

Print............................................................................................. Date........................................