

## Isle of Wight Needle Exchange Order Form

From (Please enter name of pharmacy or site placing order):

\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Order for period commencing: \_\_\_\_\_ (Jan, April, August, October)

If you experience any problems please phone (01983) 562280.

	Item	Outer size	Quantity required
<b>Syringes</b>	1ml Complete	200	
	1ml Syringe	100	
	2ml Syringe	100	
	5ml Syringe	100	
<b>Needles</b>	Brown Needle	100	
	Orange Needle	100	
	Green Needle	100	
	Blue Needle	100	
<b>Accessories</b>	Ascorbic Acid Powder	1000	
	Matches	1	
	Sharps Containers	1	
	Swabs	500	
	Quarterly Leaflets	1	
	Window Sticker	1	

**NB: Please send all orders preferably via email to - [mandy.wood@boots.com](mailto:mandy.wood@boots.com)**

(If you do not have access to email you can fax orders to 01983 615255 – not as reliable)

**Order frequency – Orders must be placed quarterly as set out below**

Order Required by	Ordering point
1 <sup>st</sup> January	Not later than 15 <sup>th</sup> December
1 <sup>st</sup> April	Not later than 15 <sup>th</sup> March
1 <sup>st</sup> July	Not later than 15 <sup>th</sup> June
1 <sup>st</sup> October	Not later than 15 <sup>th</sup> September

**Please order sufficient stock to meet your quarterly requirements.**

**Any top up orders placed in the interim periods must be collected by the ordering pharmacy**

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**For Boots Use Only**

Form received on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_

Stock delivered on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_