

**Breakspear Medical Group Ltd,  
Hertfordshire House, Wood Lane, Hemel Hempstead, Herts HP2 4FD  
Tel: 01442-261333 Fax: 01442-266388**

**ANTIGEN VACCINE ORDER FORM - please print in CAPITAL LETTERS**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of order: \_\_\_\_\_ Date required by): \_\_\_\_\_  
(Please allow 14 days from receipt of order)

For COLLECTION or POST

Measuring syringes: \_ Empty dropper bottles: \_\_\_\_\_ Empty Vacutainers: \_

(The "BN" column is for office use ONLY)

	<b>ITEM (Col 1)</b>	<b>E.P.</b>	<b>BN</b>	<b>ITEM (Col 2)</b>	<b>E.P.</b>	<b>BN</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
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<b>25</b>						

**TO THE PATIENT:**

Please mark as applicable:

The vaccines are for INJECTION or for UNDER-THE-TONGUE DROPS

**TO THE CHEMIST:**

You should only stamp and sign this form if you are in receipt of an NHS Prescription for the goods detailed overleaf. Authorisation of this form will be taken as an official order and you will be invoiced accordingly.

If you have any queries about this please contact the Accounts Department.

Please stamp and sign here:

SIGN: \_\_\_\_\_

Please sign here also if you are agreeable to the vaccines being despatched directly to the patient:

SIGN: \_\_\_\_\_

**FOR OFFICE USE ONLY:**COLUMN 1 Batch Numbers

Vacutainer: \_\_\_\_\_

Filter: \_\_\_\_\_ BP \_\_\_\_\_

Saline: \_\_\_\_\_

TECHNICIAN:

COLUMN 2 Batch Numbers

Vacutainer: \_\_\_\_\_

Filter: \_\_\_\_\_ BP \_\_\_\_\_

Saline: \_\_\_\_\_

TECHNICIAN:

CHECKED BY:

CHECKED BY:

LABEL CHECKED:

LABEL CHECKED:

GMP COMPLIANT QC:

GMP COMPLIANT QC:

**DOCTOR: \_\_\_\_\_**

DATE ORDER RECEIVED:

DATE ORDER COMPLETED:

INITIALS:

CHECKED Vs ORIGINAL SCRIPT: