

1. CUSTOMER ORDER											
Delivery to			Customer				QA Check		Initial		
			Livery								
Delivery Address / Postcode											
Product name Form Strength											
Total Quantity				Customer Reference No.							
Post-dated Quantities and Dates	(1 st Qty Date.....) (2 nd Qty Date) (3 rd Qty..... Date.....) (4 th Qty Date)										
Installment No: of											
Method of Ordering	Email <input type="checkbox"/> Fax <input type="checkbox"/> Written <input type="checkbox"/>				Confirm Order <input type="checkbox"/>						
Expected Delivery Date				Admin Initial			Time			Date	
Special Clinical Need Check (MHRA GN14 2014)											
Confirmed by Customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Evidence provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
If YES	Prescriber's Letter <input type="checkbox"/> Audit Trail <input type="checkbox"/> Other <input type="checkbox"/>										
If NO	Customer cannot obtain evidence <input type="checkbox"/> Other reason.....										
Quality Assurance due diligence checks of licensed products unavailability:											
2. PURCHASED FINAL CHECK											
Correct Product <input type="checkbox"/>	Manufacturer/Supplier:			BN				EXP Date			
Quantity							Address Label (2) <input type="checkbox"/> , Supply Note (2) <input type="checkbox"/>				
				Sign				Date			
Product Retention Label					Delivery Address Label						
Affix label here					Affix label here						