

Section 1 - Customer Order (To be Completed by Admin)								
Xeal Order No.			Customer Ref.					
Order Date			Promised Date					
Delivery to			Customer					
			Livery					
Delivery Address / Postcode								
Product Name / Form / Strength		Total Quantity	Price	Price (SUM)	Carriage Price	Marked-Up Price	Marked-Up Price (Sum)	Marked-Up Carriage
Vet Details (if applicable)								
Instalment No: of								
Method of Ordering		Email <input type="checkbox"/> Fax <input type="checkbox"/> Written <input type="checkbox"/>		Confirm Order <input type="checkbox"/>				
Admin Initial		Time	Date					
Section 2 – Special Clinical Need Check (To be Completed by QA)								
Ref: The supply of unlicensed medicinal products (“specials”) MHRA Guidance Note 14								
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.....						
Due diligence check completed to satisfy an applicable licensed product is unavailable in supply chain: <input type="checkbox"/>								
All Documents Checked		<input type="checkbox"/>	Date		QA Initial			
Section 3 - Dispensing/Repacking & Final Check (To be Completed by Production & QA)								
Product Name		Quantity	Manufacturer/ Supplier	Batch No.	Exp. Date	Technician Initial	Counter Check Initial	
Flavour Added if Applicable								
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Production Check: Product quality: <input type="checkbox"/> , Bottle quality: <input type="checkbox"/> , Label quality: <input type="checkbox"/> Label particulars: No. of labels: _____ No. of Packs: _____ Name: <input type="checkbox"/> , Form: <input type="checkbox"/> , Strength: <input type="checkbox"/> , Qty: <input type="checkbox"/> Cautions: <input type="checkbox"/> Documentation check: Address: <input type="checkbox"/> , GN14: <input type="checkbox"/> , Invoice: <input type="checkbox"/> Sign: _____ Date: _____					Quality Check: Product quality: <input type="checkbox"/> , Bottle quality: <input type="checkbox"/> , Label quality: <input type="checkbox"/> Label particulars: No. of labels: _____ No. of Packs: _____ Name: <input type="checkbox"/> , Form: <input type="checkbox"/> , Strength: <input type="checkbox"/> , Qty: <input type="checkbox"/> Cautions: <input type="checkbox"/> Documentation check: Address: <input type="checkbox"/> , GN14: <input type="checkbox"/> , Invoice: <input type="checkbox"/> Sign: _____ Date: _____			
Product Retention Label					Delivery Address Label			
Affix label here					Affix label here			