

New Product Request Form

CUSTOMER DETAILS

Trust	<input type="text"/>		
Distribution Centre	<input type="text"/>		
Trust contact name	<input type="text"/>	email	<input type="text"/>
Job title	<input type="text"/>	Telephone	<input type="text"/>

PRODUCT DETAILS

Product name	<input type="text"/>		
Product description	<input type="text"/>		
Manufacturer and/or brand	<input type="text"/>		
Manufacturer's product code	<input type="text"/>		
Manufacturer's/supplier contact	<input type="text"/>		
Unit of purchase	<input type="text"/>		
Unit price	<input type="text"/>	VAT inclusive	<input type="checkbox"/>

TRUST DEMAND

Forecast annual demand (units of purchase)	<input type="text"/>
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TRUST DEMAND

- Confederation request
- Part of product rationalisation/ clinical governance
- Replacing existing product

FURTHER COMMENTS

OFFICE USE ONLY

Status update
Date customer notified
Estimated completion date
Status of request
Date passed to Purchasing
Date received by NHS Supply Chain

Upon completion please send to your local Supplies Manager who will forward it to:
NHS Supply Chain
New Product Introduction Co-ordinator
West Way, Cotes Park Industrial Estate
Alfreton, Derbyshire,
DE55 4QJ