

Request Form for Factor Concentrates

Please first ring 01865 225309 / 08 to place order then fax to 01865 225608 or email: factorsupplies@ouh.nhs.uk

Name & Contact details of person making the request:		Name & Contact details of Consultant:	
Date:			
Patient Stock: (please tick): <input type="checkbox"/>		Replacement Stock: (please tick): <input type="checkbox"/>	
Patient Name:		Product Request: (Name of factor and amount of units)	
D.O.B:			
NHS Number:			
Product Request: (Name of factor and amount of units)			
Address for Delivery			
<i>Only to be filled in by haemophilia centre staff</i>			
Dispensed By: (Print Names)	Signed:	Signed:	Date:
Courier Reference No:			