**Commercial in confidence**

**Chemical Reagent Self Declaration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref: CRSDF01**  **Declaration Form: Service Provision in relation to Chemical Reagents** | | | | | | |
| To: | Drug Tariff Team  NHS Prescription Services  3rd Floor Annex  Bridge House  152 Pilgrim Street  Newcastle upon Tyne  NE1 6SN | | | Company Stamp  (or if a head office attach a signed letterhead as authorisation) | | |
| **Manufacturer Details** | | | | | | |
| Manufacturer Name | | |  | | | |
| Address | | |  | | | |
| Postcode | | |  | | | |
| **Manufacturer Declaration** | | | | | | |
| I declare that the services listed below which are provided by ***>>>Insert company name<<<***in relation to the chemical reagents we manufacture and which are listed under Part IX of the Drug Tariff will continue to be provided for the period to **31 March 2019**.    **Services Provided:** | | | | | | |
| **Completed by:**  *(authorised signature)* | |  | | | **Telephone number:**  *(in case of queries)* |  |
| **Name:**  *(please print name)* | |  | | | **Position:** |  |
| **Date:** | |  | | |