**Commercial in confidence**

**Chemical Reagent Self Declaration Form**

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| --- |
| **Ref: CRSDF01****Declaration Form: Service Provision in relation to Chemical Reagents**    |
| To: | Drug Tariff TeamNHS Prescription Services3rd Floor AnnexBridge House152 Pilgrim StreetNewcastle upon TyneNE1 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:** |  |