

## MSD Occupational Health Signed Order Form

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Main AAH Account Number: \_\_\_\_\_

Delivery Account Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Order raised by (Name): \_\_\_\_\_

GMC/NMC Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

(Person to notify of any stock/ delivery queries)

**AAH Use Only**

**Agent:**

**Signature:**

**Date:**

Product Code	Product Description	Pack Size	Quantity
MMR1D	MMRVAXPRO 1X VIAL+DIL SYR & NDL	1	
VAQ9N	VAQTA SUSPENSION FOR INJ PFS 1ML ADULT	1	
VAQ8R	VAQTA PAEDIATRIC 0.5ML PFS	1	
HBV12R	HB VAX PRO PFS 5MCG/0.5ML	1	
HBV11V	HB VAX PRO PFS 10MCG/ML	1	
HBV9X	HB VAX PRO INJECTION 40MCG/1ML	1	
PNE13V	PNEUMOCOCCAL POLYSACCHARIDE VACCINE	1	
GAR225U	GARDASIL P.F.S. 0.5ML	1	
GAR0363T	GARDASIL 9 0.5 ML 1 X SYR L77	1	
ZOS1Q	ZOSTAVAX VIAL AND PFS 0.65ML	1	
VAR48M	VARIVAX [VARICELLA] VACCINE 0.5ML	1	

**Once completed please send via**

**Fax: 0113 238 1206**

**or**

**Email: [msdproductservices@aah.co.uk](mailto:msdproductservices@aah.co.uk)**

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### Quality Use Only:

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Uncontrolled when printed

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Page 1 of 1