

## Request for Supply of Antidote-Leeds

FAO Pharmacist: ..... (please name the pharmacist that request was discussed with)

Pharmacy Department  
Gledhow Wing  
St James's University Hospital  
Beckett Street  
Leeds  
LS9 7TF

**Please supply:**  
(tick as appropriate)

**Quantity Requested:**  
(order multiples of original packs)

Pralidoxime 1g injection (packs of 6 vials)  .....

Berlin Blue soluble (Prussian Blue) 500mg capsules (packs of 36)  .....

Botulinum antitoxin intravenous infusion (250ml bottle pack) or  
botulinum antitoxin vial (1 x 20ml)  .....

Sodium calcium edetate 5% injection (packs of 10 x 10ml)  .....

DMSA (succimer) 100mg capsules  
(please order number of capsules as this will be packed down)  .....

DMPS (unithiol) 250mg in 5ml injection (packs of 5 x 5ml)  .....

DMPS (unithiol) 100mg capsules (packs of 20)  .....

Signed (Pharmacist): .....

Print name: .....

GPhC number: .....

Contact Phone number:

Date:

**Delivery address if different to header:**

**Invoice address if different to header:**