## COPD Rescue Pack Supply Service

## Pharmacy Contractor Sign Up and Assurance Sheet

Pharmacy contractors are advised that incomplete submissions will be returned or may be rejected.

Signed for and on behalf of [xxx] Clinical Commissioning Group

|  |  |
| --- | --- |
| Signature | / /20[xx] |
| [Name] | [Job title] |

Signed for and on behalf of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name |  | | ODS code | F |
| Pharmacy name (if different) |  | | | |
| Address |  | | | |
| I confirm that I have received the request from [xxx] Clinical Commissioning Group and the accompanying service level agreement and service specification for the provision of the COPD Rescue Pack Supply Service. I agree to provide the service in a manner compliant with the requirements of the service level agreement and service specification. | | | | |
| Signature | | | / /20[xx] | |
| Name: | | Job title: | | |

Please return completed sheets to [xxx] by [Date].