



janssen Emergency Order Form

***Please ensure sections 1,2,4 & 5 are completed in full**

1. Wholesaler Details

Preferred Wholesaler				
Location Of Wholesaler/Depot				
Please indicate the reason for your order (Please ✓)	Out of stock	Manufacturer cannot supply	Emergency order	Other (Please specify below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>

2. Customer/Organisation Details

Janssen Account number (If Known)		Today's Date	
Pharmacy Name		Telephone Number	
Branch Number (If Applicable)		Fax Number	
Address (Delivery)		Email Address	
		*Please provide us with your most upto date information incase we may need to contact you regarding your order.	
Postcode			

3. Please Indicate Your Opening Hours

	Mon	Tues	Weds	Thurs	Fri
Opening (AM)					
Closing (PM)					
Lunchtime Closing					

4. Order Details

Product Description (Including Strength)	Quantity	Purchase Order Number

Additional Information & comments:

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5. Compulsory Declaration (Please sign below)

I understand that, as marketing authorisation holder for various products, Janssen is required to maintain appropriate and continued supplies of such products to ensure uninterrupted patient access in the local markets in which it operates.

<u>Signature of Pharmacist</u>
X

***We confirm that we have contacted our wholesaler and are unable to obtain the products indicated above. As per the process in these exceptional circumstances, we would like to use the**
***By signing this form you are agreeing to abide by our terms and conditions. A copy of our terms and conditions can be provided on request or will arrive with your invoice.**

Printed Name	
Position	

We may require a redacted prescription to process this order, please provide a copy of the prescription with this form to reduce any delay.

Once this form is completed please send to us either via
E-mail: Janssenukcustomerservices@its.jnj.com or via Fax to
01494 567401.