



Appendix A Pharmaceutical request meeting Form

This form is for representatives wishing to see a member of Integrated Care Board Integrated Care System (ICS) Pharmacy and Medicines Team.

Requests for appointments will be considered on an individual basis and representatives will be contacted if an appointment is to be made (maximum **one** product per appointment)

Pharmaceutical Company:	
Date of Request:	
Representative's Name:	
Contact Telephone Number:	
Contact Email Address:	
Are you requesting an appointment: (please tick)	Face to face; 0 Phone/teams; 0 Sending documents; 0
Product Name (generic and proprietary):	
Indication of Use:	
Objective of the meeting/Topic of discussion:	
Please provide an outline summary of what you would like to discuss:	
Please indicate information supplied: Promotional Material <input type="checkbox"/> Comparative Costs	

Please submit to: nencicb-sun.mo@nhs.net