



Batch No:
Order Priority: S/D O/N
Dispatch Date
(Stock bags/Syringes)

Neonatal/Paediatric Parenteral Nutrition (PN) Lipid Stock Bag/Syringe Order Form
(August 2012- version 2)

ITH Pharma DOES NOT take any clinical responsibility for prescribed PN.
 Please complete the table below and fax with an accompanying cover note to ITH Pharma,
 allowing 72 hours for delivery.

Regimes will be formulated with a maximum possible expiry.

Please call to confirm receipt of order form.

Please PRINT clearly using black ink.

Order number	
Hospital name	
Regimen name	
Quantity required	

	Requirements/kg		
Lipid (g) <i>(Inclusive of Vitlipid N Infant)</i>			
Calories (KCal)			
Solivito N (ml) <i>(Recon. with WFI/Vitlipid N Infant (delete))</i>			
Vitlipid N Infant (ml)			
Venous access (please state - Central (C) Peripheral (P) Either (E))			
Volume (ml)			
Duration (hours) (if applicable)			
Flow Rate (ml/hour) (if applicable)			
Overage	25ml		
Final container (please delete)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Bag</td> <td style="width: 50%; text-align: center;">Syringe</td> </tr> </table>	Bag	Syringe
Bag	Syringe		
Ordering Pharmacist (print and sign) / date			
Contact telephone No.	Direct		
	Switchboard		
	Bleep number		

Paperwork Requirements: Details Sheet
 Packaging Requirements: Light protection folded behind

Prep By: Rao Thotkura Checked By: David Hearn Customer Checked By: _____