Shared vision. **Better together.**

NHS
Shared Business Services

Order Form

Framework agreement reference: SBS/19/AB/WAB/9411

Date of order	[□ 27/5/25]	Order Number	Insight Ref: 20024 UKHSA Ref C363698

FROM

Customer	United Kingdom Health Security Agency "Customer"
Customer's Address	5th Floor, 10 South, Colonnade, London, E14 4PU
Invoice Address	
Contact Ref:	**Name:** UK Health Security Agency **Address:** 10 South Colonnade, London E14 4PU **Phone:** 020 7654 8000 **e-mail:** enquiries@ukhsa.gov.uk **Fax:**

Commented [AS1]: Customer to complete

TO

Supplier	Insight Direct (UK) Ltd "Supplier"
Supplier's Address	1st Floor St Paul's Place, 121 Norfolk Street, Sheffield, England, S1 2JF
Account Manager	**Name:** ███████ **Address:** 3 Hardman Street, 8th Floor, Manchester, M3 3HF **e-mail:** ███████████

GUARANTEE

Guarantee to be provided	No

Where a guarantee is to be provided then this Contract is conditional upon the provision of a Guarantee to the Customer from the Guarantor in respect of the Supplier. Details of the Guarantor (if any) are set out below:

Parent Company	Not Applicable "Guarantor"
Parent Company address	[□]
Account Manager	**Name:** [□] **Address:** [□] **Phone:** [□] **e-mail:** [□] **Fax:** [□]]

1. TERM
(1.1)   Commencement Date
01/06/2025
(1.2)   Expiry Date
The Contract shall expire on the date which is 4 Months after the Commencement Date on 30/09/2025

Shared vision. **Better together.**

NHS
Shared Business Services

2. GOODS AND SERVICES REQUIREMENTS

(2.1) Goods and/or Services

Goods - Not Applicable
The Customer agrees to purchase all of its requirements for the Goods or equivalent goods from the Supplier.

Service Profile -

Minimum Order Value	£

Optional Services – N/A

Collection **and** **recycling**	☐	
Paper catalogue	☐	
Secure Collection	☐	

(2.2) Premises

United Kingdom Health Social Agency sites or remote

(2.3) Lease/ Licenses

Pos.	Product Code	Product Name	Quantity
1.01	INF-11500	SampleManager Validation Toolkit	1.00
1.02	INF-11500	SampleManager Validation Toolkit	1.00
1.03	INF-11000	SampleManager Concurrent User license	35.00
1.04	INF-11000	SampleManager Concurrent User license	35.00
1.05	INF-11010	SampleManager SQC Instance license	1.00
1.06	INF-11010	SampleManager SQC Instance license	1.00
1.07	INF-25000	IM (Integration Manager) Base License	1.00
1.08	INF-25000	IM (Integration Manager) Base License	1.00
1.09	INF-25101	IM Five Instrument Instance license	1.00
1.10	INF-25101	IM Five Instrument Instance license	1.00
1.11	INF-11081	SampleManager Sweeper Five Instrument Instance License	1.00
1.12	INF-11081	SampleManager Sweeper Five Instrument Instance License	1.00

(2.4) Standards

Not Applicable

Shared vision. **Better together.**

NHS
Shared Business Services

(2.5) Security Requirements
Security Policy
Not Applicable
Additional Security Requirements
Not Applicable
Processing personal data under or in connection with this contract
NO
(2.6) Exit Plan (where required)
NO
(2.7) Environmental Plan
NO

3. SUPPLIER SOLUTION
(3.1) Supplier Solution
Licenses to be provided as detailed in Section 2.3
(3.2) Account structure including Key Personnel
Not applicable
(3.3) Sub-contractors to be involved in the provision of the Services and/or Goods
Thermo Electron Ltd, 3rd Floor, 1 Ashley Road, Altrincham, Cheshire, WA14 2DT
(3.4) Outline Security Management Plan
Not Applicable
(3.5) Relevant Convictions
Not Applicable
(3.6) Implementation Plan
Not Applicable

4. PERFORMANCE QUALITY
(4.1) Key Performance Indicators
Not Applicable
(4.2) Service Levels and Service Credits
Not Applicable

Shared vision. **Better together.**

NHS
Shared Business Services

5. PRICE AND PAYMENT

(5.1) Contract Price payable by the Customer in accordance with the commercial schedule set out in the framework agreement (including applicable discount but excluding VAT), payment profile and method of payment (e.g. Government Procurement Card (GPC) or BACS))

Prices exclude VAT.

(5.2) Invoicing and Payment

The Customer shall pay the Supplier within thirty (30) days of receipt of a Valid Invoice, submitted in accordance with this paragraph 5.2, the payment profile set out in paragraph 5.1 above and the provisions of the Contract.
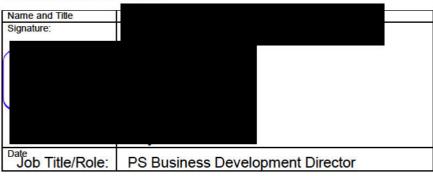
6. SUPPLEMENTAL AND/OR ADDITIONAL CLAUSES
(6.1) Supplemental requirements

Not Applicable

BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Customer to provide the Goods and/or Services. The Parties hereby acknowledge and agree that they have read the NHS Conditions of Contract for purchase of goods and/or Services and by signing below agree to be bound by the terms of this Contract.
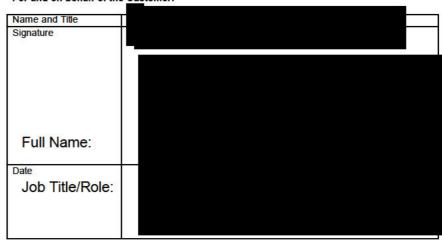
For and on behalf of the Supplier:

Name and Title Signature:	
Date	
Job Title/Role:	PS Business Development Director

Date Signed: 28 May 2025

Shared vision. **Better together.**

NHS
Shared Business Services

For and on behalf of the Customer:

Name and Title	███████████████████████████
Signature	
Full Name:	
Date Job Title/Role:	

Date Signed: