**Document No. 04a**

**Invitation to offer for** **NHS Framework Agreement for Human Albumin & Normal and Anti-D Immunoglobulin**

**Offer reference number: CM/PHS/23/5703**

**Period of framework agreement: 1 April 2025 – 31 December 2027 with an option or options to extend (at the Authority’s discretion) for a period or periods up to a total of 15 months.**

**Published By: Medicines Procurement and Supply Chain – NHS Medicines Value & Access, NHS England**

**Contact Details**

1. Offerors are to provide contact details in the tables below:

|  |  |  |
| --- | --- | --- |
| Account Manager | 1st Line Address |  |
| 2nd Line Address |  |
| 3rd Line Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Contact Name |  |

|  |  |  |
| --- | --- | --- |
| Account Escalation | 1st Line Address |  |
| 2nd Line Address |  |
| 3rd Line Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Contact Name |  |

|  |  |  |
| --- | --- | --- |
| Complaints | 1st Line Address |  |
| 2nd Line Address |  |
| 3rd Line Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Contact Name |  |

|  |  |  |
| --- | --- | --- |
| Purchase Orders | 1st Line Address |  |
|  | 2nd Line Address |  |
|  | 3rd Line Address |  |
|  | Postcode |  |
|  | Telephone |  |
|  | Email |  |
|  | Contact Name |  |

|  |  |  |
| --- | --- | --- |
| Finance / Invoicing | 1st Line Address |  |
|  | 2nd Line Address |  |
|  | 3rd Line Address |  |
|  | Postcode |  |
|  | Telephone |  |
|  | Email |  |
|  | Contact Name |  |

|  |  |  |
| --- | --- | --- |
| Management Information | 1st Line Address |  |
|  | 2nd Line Address |  |
|  | 3rd Line Address |  |
|  | Postcode |  |
|  | Telephone |  |
|  | Email |  |
|  | Contact Name |  |