**Termination of Pregnancy Services**

**Name of Organisation:**

Please provide the following details of any current contracts held for the delivery of Termination of Pregnancy Services.

**Please note that any information provided will be treated as strictly commercial in confidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CCG** | **Contract name** | **Contract term** | **Contract Value** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please return this form to the following address by no later than 12 noon on Wednesday 15th September 2021:**Nelcsu.ProcurementNorthants@nhs.net**