

## CD Requisition Form

### Part A Supplier Details

Supplier's Stamp:	Account number:	
	Name of business:	
	Address:	
	Address:	

### Part B Controlled Drugs Requisitioned

Drug name + Form	Strength	Quantity
Signature of customer:	Date of order:	

### Part C Customer Details

*See overleaf (Part E, point 1c) for guidance on completion	*Organisation Code:										
	*LHB Code:										
	*Practice Code:										
	Individual's Name (Printed)										
	Professional Qualification:										
	Address:										
	Address:										

### Part D Purpose for which drugs are required

1		For use within Pharmacy
2		For use within Practice/Surgery
3		For use within Hospice
4		For onward distribution
5		For stock
6		Other (please stated reason briefly below)

Serial number .....

WP10CDF

## Part E Notes on using/obtaining WP10CDF forms

1. The Person raising the requisition (customer) **must** –
  - a. Write the controlled drugs to be requisitioned (including form, strength + quantity) in Part B.
  - b. Sign their name at the bottom of Part B. Signature must be hand-written in ink.
  - c. Write their name, individual/organisation code\*, occupation/professional qualification (e.g. GP, pharmacist), and address of premises that they are working out of in Part C
  - d. Complete Part D above, indicating the purpose for which the drug(s) is/are required

\* The organisation code can either be the individual prescriber's code, or the account code of the pharmacy raising the requisition. If an individual prescriber code is used which is not affiliated to one practice/LHB (e.g. Nurse Independent Supplementary Prescriber), then the relevant practice code and LHB code must also be included.

2. The person/organisation supplying the controlled drugs (supplier) should either:
  - a. Write their account submission code, name of organisation, and address in Part A

**OR**

  - b. Include a legible stamp in the top left section of Part A, confirming their details
  - c. Ensure that the customer has completed their relevant sections with correct data.

The supplier must then submit all CD requisitions that they have processed to Health Solutions Wales (HSW) in the usual way with details recorded on the **WP34C** prescription submission document.

3. Supplies of the WP10CDF form can be obtained from your local BSC stores.

## Part F Data Protection Statement

This requisition will be passed to HSW. The information may also be used within the NHS to prevent incorrect usage of controlled drugs, and may be disclosed to organisations outside the NHS that have a lawful entitlement to receive it. This requisition will be confidentially destroyed within 24 months after the month in which it was received by HSW, unless it has been disclosed to another organisation.