



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Haem arginate (Human hemin, Normosang®) Urgent supply request form
To be completed AFTER discussion with Cardiff NAPS clinician

Requesting Hospital/Patient Details	
Patient name	
Patient date of birth	
Local Hospital number	
Patient NHS number	
Patient GP address (n.b. English GPs only)	
General Medical Practise Number	
Patient address: Postcode:	
Hospital at which the patient is being treated	
Hospital Organisation Code	
Address of hospital	
Postcode	
Ward on which the patient is being treated	
Doctor responsible (not the UHW doctor)	
Ward/Contact Tel Number of Doctor	
Ward Pharmacist (name and contact details)	
Prescription confirmed (signature of Dr)	
Number of vials of haem arginate (Normosang®) 250mg/10mL required	4 Vials
Cardiff Details	
Name of UHW doctor who is requesting supply	
UHW Telephone/Pager number	
Signature of UHW doctor	
Date and time	
Approved by Cardiff pharmacist (signature)	
Name of responsible pharmacist (print)	

FAX to 029 20748383