Service Agreement

Community Pharmacy Seasonal Influenza Vaccination Pilot

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| NHSBorders Representative | Signature | Name(Block Capitals) |

I have read and understood the Flu 2023/24 Service Specification and agree to provide the service in accordance with the terms set out

|  |  |  |
| --- | --- | --- |
| Contractor Representative | Signature | Name (block capitals) |
| Trading name of pharmacy |  |
| Contractor Code |  |
| Site Clinical Lead |  |
| Date |  |

Return by e-mail (using contractor generic mailbox) to:

Cp.flu@borders.scot.nhs.uk