**Appendix 2 Community Pharmacy Antiviral Drug Out Of Date Stock Reimbursement Form**

*If your pharmacy wishes to claim for the out of date anti-viral drug stocks then we require you to complete this claim form and attach the anti-viral drug empty box.*

*Please submit to the NECS Finance team at the following address:*

North of England Commissioning Support

John Snow House

Durham University Science Park

Durham

DH1 3YG **OR** email [necsu.minorailments@nhs.net](mailto:necsu.minorailments@nhs.net)

|  |  |
| --- | --- |
| Name of Pharmacy: |  |
| Address of Pharmacy |  |
| Name of Drug |  |
| Strength of Drug |  |
| Quantity: |  |
| Pharmacist’s Signature |  |
| Pharmacist’s Name (please print clearly) |  |
| Date |  |

Total claimed £………….