

## Order Form – Confidential When Complete

Call-off Contract Details	
Title of Framework Agreement:	Radiopharmaceutical Products
Framework Agreement Reference:	SBS10516
Lot number:	01 and 2a
Call-off procedure used: [Further Competition/Direct Award]	Direct Award
Total Call-off Contract Value:	Based on our current usage with GE Healthcare, the new value (new prices) is estimated to be £1,789,188.88 + vat over 8 years
Estimated Patient Numbers: [indicative patients to be seen/treated during this contact]	Unknown
Authority Contact Details:	
Name:	Adam Connell
Phone Number:	07894 985 758
Category Generic Email Address:	<a href="mailto:adam.connell@nhs.net">adam.connell@nhs.net</a>

### Order Form Details

This Order Form sets out the agreement between the following Parties and in accordance with the Terms and Conditions of the Framework Agreement and the Call-off Terms and Conditions.

Period of the Agreement			
Commencement Date:	12/11/2025	Expiry Date:	12/11/2033
Extension Period(s): [Optional]	N/A		
Maximum Permissible Term	8 years		

Unless otherwise agreed by both Parties, this Order Form will remain in force until the expiry date agreed above. If no extension/renewal is agreed and the Approved Organisation

continues to access the Supplier's Goods and/or Services, the terms of this Contract shall apply on a rolling basis until the overarching Framework Agreement expiry date.

In circumstances where the Framework Agreement had already expired and the Approved Organisation continues to access the Supplier's Goods and/or Services, then the terms of this Contract shall apply on a rolling basis until the expiry of the Call-off Terms and Conditions' maximum permissible term (as set out above).

Any capitalised terms shall have the meaning given to such terms in the Call-off Terms and Conditions.

**Supplier Order Form Signature Panel**

The "Supplier"	
Name of Supplier:	GE Healthcare Ltd
Name of Supplier Authorised Signatory:	Peter Berry
Job Title of Supplier Authorised Signatory:	General Manager UK PDx
Contact Details Email Address:	PDx.UKoffice@gehealthcare.com
Contact Details Phone Number:	+44 (0) 7407841232
Address of Supplier:	Pollards Wood, Nightingales Lane Chalfont St, Giles, Buckinghamshire, HP8 4SP

Signature of Authorised Signatory:		Date of Signature:	12/23/2025
------------------------------------	---	--------------------	------------

**Approved Organisation Order Form Signature Panel**

The "Approved Organisation"	
Name of Approved Organisation:	Royal Cornwall Hospital NHS Trust
Name of Approved Organisation Authorised Signatory:	Graeme Booth
Job Title of Approved Organisation Authorised Signatory:	Deputy Chief Finance Officer
Contact Details Email Address:	Graeme.booth@nhs.net
Contact Details Phone Number:	07825124704
Address of Approved Organisation:	Treliske Hospital, Gloweth, Truro, Cornwall, TR1 3LJ

Signature of Approved Organisation Authorised Signatory:		Date of Signature:	2/12/2025
--	---	--------------------	-----------

Please Note: Each Party's respective Authorised Signatory above shall also be that Party's authorised representative for the purposes of Clause 23.3 of Schedule 2 of the Call-off Terms and Conditions in respect of any variations to the Call-off Contract during its Term.

Subject to the Parties complying with Clause 30 (Assignment, novation and Sub-contracting) of Schedule 2 of the Call-off Terms and Conditions, this Order Form shall remain in force

regardless of any change of organisational structure to the above named Approved Organisation or Supplier and shall be applicable to any successor organisations as agreed by both Parties.

As per the Framework Agreement, the Supplier shall forward a copy of the jointly signed Order Form to the Authority by no later than 5 (five) Business Days of it being executed.

**Agreement**

- 1. Agreement Overview ..... 5
- 2. Stakeholders ..... 5
- 3. Periodic Review ..... 5
- 4. Service Requirements ..... 5
  - A. Services to be Provided ..... 5
  - B. Goods to be Provided ..... 6
  - C. Goods Delivery Schedule/Services Implementation Plan ..... 6
  - D. Key Personnel ..... 7
  - E. Sub-contracting and Personnel ..... 7
  - F. Policies ..... 7
  - G. Leases or Licences ..... 7
  - H. Special Terms ..... 8
  - I. Charges ..... 8
  - J. Confidential Information ..... 8
  - K. Complaints/Escalation Procedure ..... 9
  - L. Limit of Liability ..... 9
  - M. Management Information (MI) ..... 9
  - N. Invoicing ..... 9
  - O. Exit Requirements ..... 10
  - P. Termination ..... 10
- 6. Other Specific Requirements ..... 10
  - Detailed Requirements ..... 10

## 1. Agreement Overview

This Order Form represents an agreement between the Parties listed above pursuant to the Framework Agreement listed above for the provision of Goods and/or Services as outlined below. This Order Form in conjunction with the Call-off Terms and Conditions outlines the parameters for the provision of Goods and/or Services as they are mutually understood by the Parties.

The Framework Agreement terms and conditions (including the Specification) will apply in all instances, unless specifically agreed otherwise by both Parties within this Order Form.

## 2. Stakeholders

The primary stakeholders from the Supplier and the Approved Organisation will be responsible for the day-to-day management of the Call-off Terms and Conditions, this Order Form and the delivery of the Goods and/or Services. If different from the Authorised Signatory details listed on page 1 of this Order Form, please provide the names of the Contract Managers associated with this Order Form.

Supplier Call-off Contract Manager Details:	
Supplier Call-off Contract Manager:	Rebecca Measure
Supplier Call-off Contract Manager contact details:	Contracts & Tenders Specialist PDx.UKoffice@gehealthcare.com
Approved Organisation Contract Manager Details:	
Approved Organisation Call-off Contract Manager:	Sharon Bonham
Approved Organisation Call-off Contract Manager contact details:	074826 892140 – sharon.bonham@nhs.net

## 3. Periodic Review

In accordance with Clause 16.1 of the Call-off Terms and Conditions, this Order Form is valid from the **Commencement Date** outlined herein and is valid until the **Expiry Date** (as set out above) as agreed. This Order Form should be reviewed as a minimum once per financial year; however, in lieu of a review during any period specified, the current Call-off Terms and Conditions and Order Form will remain in effect.

## 4. Requirements

### A. Services to be Provided

Please detail the Services, where applicable, that will be provided, where and by when, by the Supplier to the Approved Organisation or include an attachment with full details.

N/A

**B. Goods to be Provided**

Please detail the Goods to be provided or include an attachment with full details.

See Attached List



GE Items used.xlsx

**C. Goods Delivery Schedule/Services Implementation Plan**

Please provide a delivery schedule/Implementation Plan, where applicable, outlining how and when the Goods and/or Services will be provided by the Supplier to the Approved Organisation or include an attachment with full details.

N/A

#### D. Key Personnel

Pursuant to Clause 6.3 of Schedule 2 of the Call-off Contract please set out key personnel required for the supply of Goods and/or the provision of Services.

Sian Strasman, Leon Bhogall and Rachel Rhodes

#### E. Sub-contracting and Personnel

Where the Approved Organisation permits sub-contracting of the supply of Goods and/or the provision of Services by Suppliers, the following information is required. If the Supplier Sub-contracts any of its obligations under this Order Form and Call-Off Contract, every act or omission of the Sub-contractor shall for the purposes of this this Order Form and Call-Off Contract be deemed to be the act or omission of the Supplier and the Supplier shall be liable to the Approved Organisation as if such act or omission had been committed or omitted by the Supplier itself.

N/A

#### F. Policies

Please list and provide links to/copies of all policies with which the Supplier is required to comply.

Trials policy and supplier reps policy attached



TrialsAndEvaluationsP  
olicy v2.1 Master copy



Supplier  
Representatives Policy

#### G. Leases or Licences

Where applicable, please detail any leases or licences to be provided by either Party to the other.

N/A

## H. Special Terms

The Parties hereby acknowledge that Special Terms:

- may only be proposed for inclusion by the Approved Organisation;
- can be applied solely to enhance or augment existing provisions within the Call-off Terms and Conditions; and
- must not substantially alter or vary the Call-off Terms and Conditions, in order for this Order Form and Call-off Contract to remain compliant with the Public Contracts Regulations 2015.

Please insert any applicable Special Terms below.

N/A

## I. Charges

Standard Supplier pricing and rates (the Contract Price) are included within the Commercial Schedule in and represents the maximum that can be charged. Please detail all discounts, volume arrangements or variations in relation to the standard rates. The Contract Price of the Goods and/or Services are to be included below, or detailed as a separated attachment.

Is the Contract Price agreed to be subject to indexation (see Schedule 12 of the Framework Agreement)?

Y

Yes – The Contract Price is subject to indexation as per Schedule 11 ‘NCIS Pricing and Indexation’ under clause 2 ‘Contract Price Change Request’ of the Framework Agreement.

## J. Confidential Information

Please detail all information relevant to this Order Form and the Call-off Terms and Conditions which either Party considers to be treated as Confidential Information.

**K. Complaints/Escalation Procedure**

As per the Framework Agreement, the Supplier shall inform the Authority of all complaints. Please detail the Approved Organisation’s additional requirements regarding complaints.

Complaints go through customer services: [customerservice.uk@gehealthcare.com](mailto:customerservice.uk@gehealthcare.com) We have close professional relations with the rep and we can speak with them regarding any issues. Steve Marshall for GE.

**L. Limit of Liability**

Please populate the limit of liability values

As per Terms and Conditions

**M. Management Information (MI)**

In addition to the management information required by the Authority under the Framework Agreement, the Supplier shall provide to the Approved Organisation the following Management Information at the frequency outlined.

I am not sure if I am answering this correctly, but information I would require is KPI's showing: delay in delivery against orders - failure of delivery against orders - updates and information regarding risk/issue/mitigations

**N. Invoicing**

Please detail all specific invoicing requirements here.

The Approved Organisation shall provide the Supplier with a Purchase Order (PO) that includes a reference to the Call-Off Contract and the Framework Agreement to which this Order Form relates.

30 days nett

#### O. Exit Requirements

Please include details of any exit requirements with which the Supplier is required to comply.

N/A

#### P. Termination

Please detail specific termination provisions here.

3 months notice by either party without reason

### 6. Other Specific Requirements

#### Detailed Requirements

Please list all detailed requirements or include an attachment with full details.

#### **PLEASE NOTE:**

**In accordance with Clause 2.5 of Schedule 2 of the Framework Agreement, by no later than five (5) Business Days following the execution of an Order Form by the Approved Organisation and the Supplier, the Supplier shall send a copy of the executed version of the Order Form to the Authority's Contract Manager.**

**All Goods and/or Services provided by the Supplier without an Approved Organisation's jointly signed Order Form is entirely at the Supplier's risk.**



## Appendix 1 – Data Protection Protocol

[Data Protection Protocol to be appended]