



Delivery Note

Plot No. 02. Chief Kalasa Lukangaba's area, off Chembe Road, Mansa District.

Print Date : 04/01/2023 09:48

Regular Order

Delivery to

LAMBWECHIKWAMAHEALTHPOST
Chiengi
10101



Note:

Order Number: EM998678R-1

Order Status: SHIPPED

Route:

Page 1 Of 2

Item Code	Description	Batch	Expiry Date	Quantity
Totals of Product : Condoms Latex Male (100)				100
RH0003	Condoms Latex Male (100)	L20211009	30/09/2026	10
RH0003	Condoms Latex Male (100)	L23211007	30/09/2026	90
Totals of Product : Co-Trimoxazole suspension 240mg/5ml, 100ml btl (1)				200
EM0524	Co-Trimoxazole suspension 240mg/5ml, 100ml btl (1)	M22115	28/02/2025	80
EM0524	Co-Trimoxazole suspension 240mg/5ml, 100ml btl (1)	M22110	28/02/2025	120
Totals of Product : Gentamycin Sulphate 40mg/ml injection 2ml amp (100)				2
EM0222	Gentamycin Sulphate 40mg/ml injection 2ml amp (100)	213211381	31/05/2024	2
Totals of Product : Medroxyprogesterone Acetate 104mg/0.65ml,(Sayana) SC inj (200)				1
RH0033	Medroxyprogesterone Acetate 104mg/0.65ml,(Sayana) SC inj (200)	FK6997	31/08/2024	1
Totals of Product : Nifedipine Retard 20mg Tablet(100)				11
EM0328	Nifedipine Retard 20mg Tablet(100)	CRE2003	31/01/2025	11
Totals of Product : Oral Rehydration Salts W.H.O formula, Satchet (10)				12
EM0530	Oral Rehydration Salts W.H.O formula, Satchet (10)	1050922	31/08/2025	12
Totals of Product : Oxytocin IV 10IU/ml injection 1ml amp (10)				1
EM1529	Oxytocin IV 10IU/ml injection 1ml amp (10)	1530921	30/09/2024	1
Totals of Product : Prednisolone 5mg Tablet (1000)				11
EM0385	Prednisolone 5mg Tablet (1000)	170622	31/05/2025	11



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Item Code	Description	Batch	Expiry Date	Quantity
Totals of Product : Rapid Diagnostic Test for Malaria kit (25)				100
MAL0015	Rapid Diagnostic Test for Malaria kit (25)	74C2222S	28/02/2024	100

Delivering Driver's Details:
 Name: _____
 Vehicle Registration: _____ Signature: _____
 NRC Number: _____
 Date: _____ Time: _____

Recipient Facility Details:
 Name: _____ Designation: _____
 NRC Number: _____ Telephone: _____
 Email address: _____
 Date: _____ Time: _____ Signature: _____

District/Hub Driver's Details:
 Name: _____
 Vehicle Registration: _____ Signature: _____
 NRC Number: _____
 Date: 06/4/23 Time: 1103

Recipient District/ Hub Details:
 Name: _____ Designation: _____
 Vehicle Registration: _____
 NRC: _____
 Date: _____ Time: _____ Signature: _____

Discrepancies: Please indicate clearly with all the details of the discrepancy. Also indicate if there is no discrepancy
NO DISCREPANCIES

Any Discrepancies must be notified upon delivery for MSL direct Deliveries and within 72hrs for Hub/ District Deliveries.
 Should you have any queries concerning the delivery, please contact the call centre on 0970476417, 096110070, 0953486810, 211377700 up to 49, or email cs@medstore.co.zm

Thank you for your partnership in the public health supply chain!!
Medical Stores for Life

OFFICIAL DATE STAMPS

RECEIVED AT HUB/PHO/DHO

RECEIVED AT HEALTH FACILI

