

Ref no: 326020221
From: Public
Date: 02/02/21
Subject: Lead apron

REQUEST

1. Name of Hospital
2. Does the hospital use Lead Aprons? (If NO, then no further information needed) please just enter the hospital name and N in column B of the attached spreadsheet.
3. What brand of Lead Apron is currently used or most recent brand purchased if several in use
4. What is the hospitals annual spend on Lead Aprons? Please provide data for the last 3 complete financial or calendar years if possible
5. How many Lead Aprons are purchased per annum? Please provide data for the last 3 complete financial or calendar years if possible
6. Who is the Key contact person in charge of ordering lead aprons for **Radiology Department** - Name/Job Title/E-mail/Direct Contact Number/Decision Maker Yes or No (if employee direct contact details can't be shared please provide a general contact number and e-mail for the Radiology department.)
7. Who is the Key contact person in charge of ordering lead aprons for **Cath Lab Department** - Name/Job Title/E-mail/Direct Contact Number/Decision Maker Yes or No (if employee direct contact details can't be shared please provide a general contact number and e-mail for the Cath Lab department.)
8. Who is the Key contact person in charge of ordering lead aprons for **Theatre Department** - Name/Job Title/E-mail/Direct Contact Number/Decision Maker Yes or No (if employee direct contact details can't be shared please provide a general contact number and e-mail for the Theatre department.)
9. If the departmental contact is not the decision maker in the buying process please also provide the full contact details (Name/Job Title/E-mail/Direct Contact Number) for a Senior Person in charge of ordering (e.g. Head of Procurement, Service Manager, Clinical Director, Clinical Lead)

Please submit the data on the attached excel spreadsheet which has been pre-populated with headers for your convenience.

RESPONSE

Please see the attached