

**Palliative Care Centre
1st Floor Wolfson Building
Middlesex Hospital
48 Riding House Street
London
W1N 8AA**

I acknowledge receipt of a Graseby MS16a syringe driver, which is the property of the **Camden Primary Care Trust**. The syringe driver will be returned to the **Palliative Care Centre** when it is no longer required.

Name

Signed.....

Date