

# Ordering drugIDnz

## Annual Licence Fees—2017—Public Hospitals

### Public Hospital

(based on DHB Inpatient Discharges 2004–2005)

#### **< 10,000 Inpatient Discharges p.a.**

One department (e.g. Pharmacy, or ED)  
Two departments (e.g. Pharmacy and ED)  
All DHB Departments

#### **10–20,000 Inpatient Discharges p.a.**

One department (e.g. Pharmacy, or ED)  
Two departments (e.g. Pharmacy and ED)  
All DHB Departments

#### **20–30,000 Inpatient Discharges p.a.**

One department (e.g. Pharmacy, or ED)  
Two departments (e.g. Pharmacy and ED)  
All DHB Departments

#### **30–55,000 Inpatient Discharges p.a.**

One department (e.g. Pharmacy, or ED)  
Two departments (e.g. Pharmacy and ED)  
All DHB Departments

#### **>55,000 Inpatient Discharges p.a.**

One department (e.g. Pharmacy, or ED)  
Two departments (e.g. Pharmacy and ED)  
All DHB Departments

### District Health Board

Please note that discounted price for greater than one department only applies at time of initial purchase, and is not retrospective.

#### **West Coast, Wairarapa, Tairāwhiti, South Canterbury**

\$211 + GST  
\$354 + GST  
\$536 + GST

#### **Whanganui, Southland, Taranaki, Lakes, Nelson-Marlborough**

\$300 + GST  
\$444 + GST  
\$659 + GST

#### **Hawke's Bay, MidCentral, Hutt Valley, Northland, Otago**

\$355 + GST  
\$526 + GST  
\$765 + GST

#### **Bay of Plenty, Capital and Coast, Waitemata, Waikato**

\$416 + GST  
\$638 + GST  
\$881 + GST

#### **Canterbury, Counties Manukau, Auckland**

\$475 + GST  
\$735 + GST  
\$1197 + GST

The Annual Licence Fee includes a 6-month update.

***Continued***

# Ordering drugIDnz

Contact person: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone/Extension/Pager: \_\_\_\_\_

Address for drugIDnz installation CD-Rom and 6-month update CD-Rom to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address for Invoice** if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Order Number if applicable: \_\_\_\_\_

Purchaser details, such as Department(s), Hospital, DHB etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To order, please *either*:**

Save and complete this Licensee information sheet, then email to [info@drugIDnz.co.nz](mailto:info@drugIDnz.co.nz),

***or***

Print and complete this Licensee information sheet, and mail with your purchase order to:

**drugIDNZ Limited**  
6 Hart Street  
TIMARU 7910