IRISH HEALTHCARE LIBRARIES INTER-LIBRARY LOAN REQUEST

	X							
National Health Library and Knowledge				7	053 9153184			
Service HSE South Wexford General Hospital, Wexford				Fax 053 9153055				
			Email <u>wex.library@hse.ie</u>					
REQUEST DETAILS								
JOURNALTITLE								
YEAR	VOLUME		NUMBER		PAGES		SUPPL	
	AUTHOR				L			
	ARTICLETITLE							
SOURCE OF	YOUR INFORMATION							
REQUESTED BY								
Name				Daytime Te	lephone			
Work Address					Email			
and Dept.					Mobile			
				D				
				Date of	Request			
n accordance with Section ! rivate study without paying	59 of the Copyright and I	(Copyrig) Related Rights Act 2	by Librarians an h t and Related F 000, a librarian n		i27 of 2000) ertain matters b	efore making or s	upplying a cop	ny of works for resear
leclare that (please mark 1								
_	ously been supplied with			OR				
	been supplied with a co			OR		-		
	been supplied with a co			AND				•
will only use the copy for re ave made or intend to mak upplied to me by you will be	ce at or about the same	time as this request	a request for su	ıbstantiaīly the same ma	aterial. I understa	and that if this dec		
	completed the above d	eclaration.						
have read, understood and								

то

IHL

other

CODE

DATE SENT

DATE RECEIVED

STATS ENTERED

FEE

PAID

NOTE