

Birth Dose Hepatitis B Vaccine Order Form

PIN

Fax order to (801) 538-9322

Date Submitted	Hospital Name	Phone with Area Code					
Delivery Address (no PO Boxes)		<input type="checkbox"/> Check if new address					
Person Completing Order (Print)	Contact Person (Print)	<input type="checkbox"/> Check if new contact					
All sections must be completed for your order to be processed. Orders submitted without current vaccine inventory will not be accepted.							
VACCINE	DOSES IN INVENTORY	BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	IMM PROGRAM USE ONLY		
					Doses Filled	Doses Back Ordered	VacMan Entry Date
VACCINES STORED IN THE REFRIGERATOR 35° - 46° F (2° - 8° C)							
Hep B (Preservative Free)		<input type="checkbox"/> RECOMBIVAX HB (Merck)		Single dose vials - 10 per box			
		<input type="checkbox"/> ENGERIX-B (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
**Note: If the vaccine brand selected is not available orders will be filled with a vaccine brand in inventory.							

Instruction for Completing the Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Orders submitted on outdated forms may delay the processing of your vaccine order.

Please place orders according to your designated ordering schedule (monthly, every other month, quarterly). If you are not familiar with your ordering schedule please contact your regional representative at (801) 538-9450.

Instructions:

- 1. Enter hospital's PIN -- Use on all orders**
Provider Identification Number assigned to your clinic by the Utah Immunization Program.
- 2. Enter Date Submitted**
Date hospital submits the order to the Utah Immunization Program.
- 3. Enter Hospital Name**
Name of hospital enrolled in the Utah Birth Dose Program. Please notify the Utah Immunization Program if the name changes.
- 4. Phone Number with Area Code**
Number to contact clinic if there is a question regarding your order.
- 5. Specify the delivery address**
To ensure vaccine is delivered to the correct address please provide us with the current vaccine delivery address. Check the box if this is a new address.
- 6. Enter Name of Person Completing Order**
Print clearly the person completing the order form so we may contact you if there is a question regarding your order.
- 7. Enter Name of Contact Person**
Print clearly the person responsible for vaccine at your facility. Check the box if this is a new contact person.
- 8. List current inventory of vaccine**
List the total amount of Hepatitis B vaccine on-hand in your refrigerator supplied by the Utah Immunization Program. Do not report inventory of privately purchased vaccines.
- 9. Select product choice and indicate the number of vaccine doses requested**
If vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory. The number of doses requested should be in multiples of 5 or 10 depending on the available packaging for that vaccine.
- 10. Indicate packaging preference for requested product.**
Check your choice of product packaging. If you do not specify a packaging preference or the packaging is not available, the Utah Immunization Program will send vaccine that is currently in inventory.