



# Vaccine Order Form

VFC PIN
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Fax order to (801) 538-9322

Date Submitted		Clinic Name			Phone with Area Code		
Delivery Address (no PO Boxes)					<input type="checkbox"/> Check if new address		
Person Completing Order (Print)			VFC Contact Person (Print)			<input type="checkbox"/> Check if new VFC Contact	
All sections must be completed for your order to be processed. Orders submitted without complete VFC inventories will not be accepted.							
VACCINE	ALL VFC DOSES IN INVENTORY	BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	VFC PROGRAM USE ONLY		
					Doses Filled	Doses Back Ordered	VacMan Entry Date
<b>VACCINES STORED IN THE REFRIGERATOR 35° - 46° F (2° - 8° C)</b>							
DTaP		<input type="checkbox"/> DAPTACEL (Sanofi)		Single dose vials - 10 per box			
		<input type="checkbox"/> Infanrix (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
		<input type="checkbox"/> Tripedia (Sanofi)		Single dose vials - 10 per box			
DTaP-Hep B-IPV		PEDIARIX (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
DTaP-HIB-IPV		Pentacel (Sanofi)		Single dose vials - 5 per box			
DTaP-IPV		KINRIX (GSK) - 4-6 yr booster only		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
DTaP-HIB		TriHIBit (Sanofi) - 4 <sup>th</sup> dose only		Single dose vials - 5 per box			
IPV		IPOL (Sanofi)		<input type="checkbox"/> 10 dose vial - 1 per box <input type="checkbox"/> Single dose syringes - 10 per box			
Hep A		<input type="checkbox"/> Havrix (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
		<input type="checkbox"/> VAQTA (Merck)		Single dose vials - 10 per box			
Hep B (Preservative Free)		<input type="checkbox"/> ENGERIX-B (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
		<input type="checkbox"/> RECOMBIVAX HB (Merck)		Single dose vials - 10 per box			
Hep B-HIB		COMVAX (Merck)		Single dose vials - 10 per box			
HIB		<input type="checkbox"/> ActHIB (Sanofi)		Single dose vials - 5 per box			
		<input type="checkbox"/> Hiberix (GSK) - 4 <sup>th</sup> dose only		Single dose syr / vials - 10 per box			
		<input type="checkbox"/> PedvaxHIB (Merck)		Single dose vials - 10 per box			
HPV		GARDASIL (Merck)		Single dose vials - 10 per box			
Meningococcal		Menactra (Sanofi)		Single dose vials - 5 per box			
MMR		MMR II (Merck)		Single dose vials - 10 per box			
Pneumococcal		Prevnar (Wyeth)		Single dose syringes - 10 per box			
Rotavirus		<input type="checkbox"/> ROTARIX (GSK)		Single dose applicators - 10 per box			
		<input type="checkbox"/> RotaTeq (Merck)		Single dose tubes - 10 per box			
Tdap		<input type="checkbox"/> ADACEL (Sanofi) 11-18 yrs*		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
		<input type="checkbox"/> BOOSTRIX (GSK) 10-18 yrs		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
<b>VACCINES STORED IN THE FREEZER 5° F or below (-15° C or below)</b>							
Varicella		VARIVAX (Merck)		Single dose vials - 10 per box			
<b>Note: If the vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.</b>							
<b>***For VFC patients needing DT, Td or PPV23, contact the Utah VFC Program at (801) 538-9450.***</b>							

## Instruction for Completing the VFC Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the VFC 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 clinic's ordering schedule, please contact your regional representative at (801) 538-9450.

### Instructions:

- 1. Enter clinic's VFC PIN -- Use on all orders**  
Provider Identification Number assigned to your clinic by the Utah VFC Program.
- 2. Enter Date Submitted**  
Date clinic submits the order to the Utah VFC Program.
- 3. Enter Clinic Name**  
Name of healthcare provider enrolled as a VFC provider. Please notify the Utah VFC Program if clinic name changes.
- 4. Phone Number with Area Code**  
Number to contact you 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 VFC Contact Person**  
Print clearly the person responsible for the VFC Program in your clinic. Check the box if this is a new VFC Contact.
- 8. List current inventory of all VFC vaccines**  
List the **total** amount of VFC vaccine on-hand in your refrigerator/freezer for all vaccines.  
Orders submitted without VFC inventories **will not** be accepted.  
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.**  
When indicated, check your choice of product packaging. If you do not specify a packaging preference or the packaging is not available, the Utah VFC Program will send vaccine that is currently in inventory.

### ***Always keep a copy for your records!***

Fax the completed vaccine order form to the Utah VFC Program at (801) 538-9322

#### **Helpful Hints for Ordering Vaccine**

**Vaccine deliveries are determined by the day of the week the order is received** by the Utah VFC Program and the delivery days/times indicated on your *Provider Profile and Enrollment* form. Notify the Utah VFC Program if your delivery times/clinic hours change.

- Vaccines are shipped from McKesson Speciality Distribution in Sacramento, CA on Monday, Tuesday, or Wednesday. Vaccines are not typically shipped from the depot on Thursday or Friday to avoid weekend delivery and vaccine spoilage.
- Varicella is shipped separately from other vaccines. These vaccines are shipped directly from Merck.

For questions regarding vaccine orders, call the Utah VFC Program at (801) 538-9450.