



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Immunization Program

## Adult HPV Order Form

### DELAWARE IMMUNIZATION PROGRAM

Fax to 302-741-9102

**\*\*All vaccine orders placed on this form is for 19 - 26 years old females and males who do not have insurance or are underinsured. To use these vaccines for someone that is not eligible constitutes FRAUD.**

NAME OF CLINIC SITE			CONTACT PERSON			TELEPHONE		PIN	
FACILITY EMAIL				FAX		REPORTING PERIOD DATE			
						Start:                      End:			
<b>DELIVERY:</b> Indicate all days and times you may receive vaccine. If closed during lunch, please specify.			MON	From:	To:	closed for lunch		From:	To:
			TUES	From:	To:	closed for lunch		From:	To:
			WED	From:	To:	closed for lunch		From:	To:
			THUR	From:	To:	closed for lunch		From:	To:
			FRI	From:	To:	closed for lunch		From:	To:
VACCINE	BRAND	NDC	LOT NUMBER	EXPIRATION	DOSES ON HAND	LOT NUMBER	EXPIRATION	DOSES ON HAND	DOSES REQUESTED
HPV	GARDASIL- Merck Vial (10)	00006-4045-41							

**CURRENT INVENTORY of vaccine is required. Orders will NOT BE FILLED unless this information is provided. If you have any questions regarding your order, please call 1-800-282-8672 or 1-302-744-1060. Please fax order form to: 1-302-741-9102**

**\*\* VACCINE INFORMATION STATEMENTS CAN FOUND AT IMMUNIZE.ORG**