



2014-2015 State /DPH Influenza Vaccine Order Form

Vaccine requested on this form is for **Non-VFC** Eligible patients.

PIN#	PROVIDER NAME	DATE
CONTACT PERSON	PHONE	FAX

DELIVERY: Indicate all days and times you may receive vaccine. If closed during lunch hour, 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 orders may be partially filled depending on the percentage of product available at McKesson. Back orders will be kept on file and shipped as soon as vaccine becomes available.

INSTRUCTIONS: Order a four to six week supply of flu vaccine, and re-order as needed throughout the season. Allow two weeks for delivery for properly submitted orders.

DPH Clinics & State Adult Flu Providers

Manufacturer	Age	Presentation	Current Inventory	Doses Requested	Immunization staff use only				
					NDC ISSUED	Doses Issued	Doses Back ordered	Amount Sent	Date Sent
Sanofi-Pasteur (Fluzone- PF)	36mths and older	0.5mL single dose syringe, 10 pack							
Sanofi-Pasteur (Fluzone- PF)	36mths and older	0.5mL single dose vial, 10 pack							
Sanofi-Pasteur (Fluzone-MDV)	8 years and older	5mL multi-dose vial, One 10 dose vial							

DPH Clinics ONLY

Manufacturer	Age	Presentation	Current Inventory	Doses Requested	Immunization staff use only				
					NDC ISSUED	Doses Issued	Doses Back ordered	Amount Sent	Date Sent
MedImmune (FluMist) Quadrivalent	2 years-49 years	Single dose sprayer, 10 pack							
Sanofi-Pasteur (Fluzone- PF)	6mths – 35mths	0.25mL single dose syringe, 10 pack							
Merck (Pneumovax ®) 00006-4943-00	2 years and older	Single dose 0.5mL vials, 10 pack							

The 2014-2015 Influenza VIS:

<http://www.cdc.gov/vaccines/pubs/vis/#flu>

FAX COMPLETED ORDER FORM TO: 302-741-9102