



VACCINES FOR CHILDREN (VFC)

2012-2013 Seasonal Influenza Vaccine Order Form

Vaccine requested on this form may only be used for VFC eligible patients.

VFC 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 for your VFC-eligible patients, and re-order as needed throughout the season. Allow two weeks for delivery for properly submitted orders.

Manufacturer NDC#	Age	Presentation	Current Inventory	Doses Requested	For VFC staff use only		
					Doses Issued	Doses Back ordered	VFC Staff Initials
MedImmune (FluMist) 66019-0110-10	2 years- 49 years	Single dose sprayer, 10 pack					
Sanofi-Pasteur (Fluzone- PF) 49281-0112-25	6mths – 35mths	0.25mL single dose syringe, 10 pack					
Sanofi- Pasteur (Fluzone- PF) 49281-0012-10	36mths and older	0.5mL single dose vial, 10 pack					
Sanofi-Pasteur (Fluzone- PF) 49281-0012-50	36mths and older	0.5mL single dose syringe, 10 pack					

The 2012-2013 Influenza VIS will be updated and posted for printing on the CDC website at:

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

Notify the VFC Program immediately by phone of any change of address or delivery hours/days.
 800-282-8672

Fax completed order form to:
 302-741-9102