

Massachusetts Department of Public Health Vaccine Management Unit 305 South Street Jamaica Plain, Ma. 02130 Phone: 617-983-6828 Fax: 617-983-6924 ORDER FORM, USAGE FORM, AND TEMPERATURE LOGS ARE REQUIRED TO PROCESS ORDER	Telephone Number:		Fax Number:	
	PIN:		Date:	
	Site Name:			
	Contact Person:			
	Shipping Address, Street, City, Zip:			
Delivery Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____				

Vaccine Order Form
Current Inventory and Usage

Vaccine	Lot #	Expiration Date	Current Inventory	Doses Used	Doses Lost/ Transferred	Pkg Size	Doses Requested	Approved (office use only)
DT		- -				1		
DTaP* Daptacel® <input type="checkbox"/> Infanrix® <input type="checkbox"/>		- -				10		
		- -						
DTaP-IPV Kinrix®		- -						
		- -						
DTaP-IPV-HepB Pediarix®		- -				10		
		- -						
		- -						
DTaP-IPV-Hib Pentacel®		- -				5		
		- -						
		- -						
Hep A (adult) Havrix®		- -				10		
Hep A (peds)* Havrix® <input type="checkbox"/> Vaqta® <input type="checkbox"/>		- -				10		
		- -						
Hep B (adult) Engerix-B®		- -				10		
		- -						
Hep B (peds)* Engerix® <input type="checkbox"/> RecombivaxHB® <input type="checkbox"/>		- -				10		
		- -						
		- -						
Hib ActHIB®		- -				5		
		- -						
		- -						

*You must indicate by checking box, the brand of choice for this vaccine

Provider Site Number _____ Provider Name _____ Date _____

Vaccine	Lot #	Expiration Date	Current Inventory	Doses Used	Doses Lost/ Transferred	Pkg Size	Doses Requested	Approved (office use only)
HPV (VFC only) Gardasil®		- -				10		
		- -						
		- -						
IPV IPOL®		- -				10		
		- -						
MCV4* Menactra® <input type="checkbox"/> Menveo® <input type="checkbox"/>		- -				5		
		- -						
		- -						
MMR MMRII®		- -				10		
		- -						
		- -						
PCV13 Prenar13®		- -				10		
		- -						
		- -						
PPSV23 Pneumovax®		- -				1		
Rotavirus RotaTeq®		- -				10		
		- -						
		- -						
Td		- -				1		
Tdap* Adacel® <input type="checkbox"/> Boostrix® <input type="checkbox"/>		- -				10		
		- -						
		- -						
Vaccine Below Shipped Direct From Merck via UPS. These Vaccines must be stored in Freezer								
MMRV ProQuad®		- -				10		
		- -						
		- -						
Varicella Varivax®		- -				10		
		- -						
		- -						

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