



Vaccine Order Worksheet

PENNSYLVANIA VACCINES FOR CHILDREN PROGRAM

Phone Order to: 1-800-KID-VAC3 (543-8223)

Date: _____ Practice Name: _____ PIN #: _____

When placing your vaccine order by phone, be sure to report any change in practice name, address, contact person, or telephone number.

<u>Vaccines/Biologicals</u>	<u>Minimum Order</u> (Minimum Amount of Doses Available As Listed)	<u>Vaccine Order</u>	<u>Doses on Hand</u>	<u>Doses Given Since Last Order</u>	<u>Expired/Wasted/Transferred Vaccines</u>		
					Code: E = Expired, W = Wasted, T = Transferred	Lot #	Doses
DTaP	<input type="checkbox"/> Infanrix (GSK) <input type="checkbox"/> Prefilled Syringes <input type="checkbox"/> Vials 5 doses 10 doses Please check your brand preference and packaging. <input type="checkbox"/> Tripedia (Aventis) - 10 doses <input type="checkbox"/> DAPTACEL (Aventis) – 10 doses <input type="checkbox"/> No Preference	doses					
DT (Pediatric) “Diphtheria & Tetanus Toxoids” (6 wks to 6 yrs)	10 doses (Occasional use vaccine for children allergic to pertussis vaccine.)	doses					
DTaP/Hep B/IPV (Pediarix)	<input type="checkbox"/> Prefilled Syringes <input type="checkbox"/> Vials Please check your preference 5 doses 10 doses	doses					
DTaP/HIB (TriHIBit) (Licensed for 4 th dose only)	5 doses	doses					
E-IPV “Enhanced Inactivated Polio” (IPOL)	10 doses	doses					
HIB “Haemophilus Influenzae Type B”	<input type="checkbox"/> ActHIB (Aventis) - 5 doses <input type="checkbox"/> HibTITER (Wyeth) - 5 doses Please check your brand preference and packaging. <input type="checkbox"/> PedvaxHIB (Merck) - 10 doses <input type="checkbox"/> No Preference	doses					
Hepatitis B (birth-18yrs)	<input type="checkbox"/> Engerix-B (GSK) <input type="checkbox"/> Prefilled Syringes <input type="checkbox"/> Vials Please check your brand preference and packaging. 5 doses 10 doses <input type="checkbox"/> Recombivax (Merck) – 10 doses <input type="checkbox"/> No Preference	doses					
Hepatitis B/HIB (COMVAX)	10 doses	doses					
MMR “Measles/Mumps/Rubella” (MMR-II)	10 doses	doses					
PCV7 "Pneumococcal Conjugate" (Prevnar)	5 doses If started by 6 months - child needs 4 doses If started 7 to 11 months - child needs 3 doses If started 12 to 23 months - child needs 2 doses If started 24 to 59 months - child needs 1 dose	doses					
Td (Adult) “Tetanus & Diphtheria Toxoids” (7 to 18 years)	10 doses	doses					
Varicella (Varivax)	10 doses	doses					
Influenza (Occasional Use Vaccine)	10 doses	doses					

NOTE: Be prepared to report "Doses on Hand" and "Doses Given Since Last Order," and, when applicable, "Expired/Wasted/Transferred" information.

DELIVERY INSTRUCTIONS: Be prepared to supply office hours for delivery days and times. Also, provide the VFC representative with any special instructions.

Your vaccine order must be placed by phone. Do not fax or mail this form to PA VFC.

Instructions for Completing the Vaccine Order Worksheet

Place your vaccine order by phone. Orders that are mailed or faxed will not be accepted.

This Vaccine Order Worksheet should be completed PRIOR to telephoning your vaccine order, and should be kept on file to verify that your vaccine shipment is correct. Please follow these instructions for completing the Vaccine Order Worksheet:

Date - Enter the date of the order.

Practice Name - Enter the name of the practice. If the name of the practice has changed, please report the new name when placing your vaccine order.

PIN # - Enter the Provider Identification Number (PIN) assigned to your practice by the VFC program.

The VFC representative will verify the delivery address when you place your vaccine order (**NO P.O. BOXES**). Be prepared to report any change of address (street, city, and zip code), contact person, or telephone number.

Vaccines/Biologicals - Brand preference is offered currently on all vaccines produced by multiple manufacturers. Place a check in the box next to the brand you prefer. Please note that every effort will be made to fill your order with your preference. If our inventory is depleted of your preferred vaccine, the VFC representative will let you know what other brands are available.

Minimum Order - Vaccine is available in minimum order size or in multiples of the minimum amount of doses available as listed for each vaccine/biological (e.g., the minimum order for Td is 10 doses or by multiples of 10: 20 doses, 30 doses, etc.).

Doses on Hand - Enter the number of doses of each vaccine in your current inventory (on hand). **Be prepared to report the number of doses on hand when you call to place your vaccine order.**

Doses Given Since Last Order - Enter the number of doses of each vaccine that were administered since your last order. **Be prepared to report the number of doses given since your last order when you call to place your vaccine order.**

Expired/Wasted/Transferred Vaccines - **Report all vaccines expired, wasted, or transferred since your last vaccine order.** Enter the lot number and the total number of doses. Indicate whether the vaccine is expired, wasted, or transferred by placing **E**, **W**, or **T** in the column headed "Code." Report both opened and unopened vials. Opened vials and influenza vaccine may be discarded. Unopened vials of all vaccines except influenza are returned for an excise tax credit against future VFC vaccine purchases. Vaccines are returned to only one location. It is no longer necessary to complete a return voucher. Your VFC representative will complete it and fax it to you. Include the voucher when you mail the vaccines to the address on the voucher. Never return vaccines to the PA VFC Program. For more information about processing expired/wasted/transferred vaccines, refer to your PA VFC Provider Handbook, VFC Provider Manual tab.

Delivery Instructions - Each time you place a vaccine order, the VFC representative will verify the hours your office is open for vaccine delivery. Please also supply any special instructions (e.g., *closed for vacation June 4-8, use back door, etc.*).