

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM FAX TO: (877) 329-9832

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

DATE	VFC PIN NUMBER (6 digit)
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DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

CHECK HERE IF THIS IS A NEW ADDRESS.

CONTACT PERSON	
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CITY	ZIP CODE
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TELEPHONE:

FAX:

EMAIL:

COUNTY:

DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.

Tue	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: _____)

STORAGE CAPACITY (Check All That Apply)

Small Unit/Under the Counter Refrigerator
 Refrigerator/Freezer Combination
 Stand alone freezer
 Commercial/Laboratory Grade Unit

of units _____ # of units _____ # of units _____ # of units _____

Please complete all sections on this order form in order for VFC to process your vaccine order.

Vaccines	DOSES USED	VACCINE INVENTORY (DOSES ON HAND)			NEW VACCINE ORDER		
	Number of doses used since last order. Enter "0" if none	Number of doses on hand (Current Inventory)	Lot Number	Expiration Date	Vaccine (Circle Choice)	Doses Requested (Multiples of 10)	Packaging (Check preferred presentation)

REGULAR ORDER VFC VACCINES

DTap					DAPTACEL®		Single dose vials – 10 per box
					Tripedia®		Single dose vials – 10 per box
					Infanrix®		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
DTaP/Hepatitis B/IPV					Pediarix®		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
Hepatitis A					VAQTA®		Single dose vials – 10 per box
					Havrix®		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
Hepatitis B					ENGERIX B®		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
					RECOMBIVAX®		Single dose vials – 10 per box
Hepatitis B/Hib					COMVAX®		Single dose vials – 10 per box
Hib					PedvaxHIB®		Single dose vials – 10 per box
					ActHIB®		Single dose vials – 5 per box
e-IPV					IPOL®		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 10 per box
Meningococcal Conjugate					Menactra™		Single dose vials – 5 per box
Pneumococcal Conjugate					Prevnar®		Single dose syringes – 10 per box
Td					DECAVAC™		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 10 per box
Tdap					ADACEL		Single dose vials – 10 per box
					BOOSTRIX		<input type="checkbox"/> Single dose vials – 10 per box <input type="checkbox"/> Single dose syringes – 5 per box
Rotavirus					RotaTeq®		Single dose tubes – 10 per box
HPV					Gardasil®		Single dose vials – 10 per box

VFC VACCINES STORED IN THE FREEZER

Varicella					VARIVAX®		Single dose vials – 10 per box
MMR/Varicella					ProQuad®		Single dose vials – 10 per box
MMR					MMR-II®		Single dose vials – 10 per box

IMPORTANT: IF MY VACCINE BRAND CHOICE AND PACKAGING IS NOT AVAILABLE:
 Send another vaccine brand/packaging
 Send the vaccine brand/packaging I circled above when it is available



Place your order with sufficient stock on hand to allow 2-3 weeks for the processing and delivery of your vaccine order.



Instructions for Completing the VFC Vaccine Order Form

In order to ensure that your vaccine order is processed as quickly as possible, the VFC Vaccine Order form **must** be completely filled out. Fill in all blank sections of the form. Orders submitted in outdated forms may delay the processing of your vaccine order.

Instructions:

1. Enter your clinic's PIN number.

The PIN number is the six-digit Provider Identification Number assigned to your clinic upon enrolling in the VFC Program. (This is not your medical license or CHDP/Medi-Cal provider numbers). Your PIN can be found in the upper, right portion of one of your VFC shipping invoices under the title, "FOR RETURNS, REFER TO". You may contact the VFC Office to obtain your PIN #.

2. Use the same facility name that you used when enrolling in the VFC Program.

The facility name can be found on the packing slips that accompany the vaccine shipments. Do not change this VFC facility name without first notifying the VFC Program in writing, even if the clinic name has changed or is incorrect.

3. Specify the address where the VFC Program should deliver vaccines.

Check the appropriate box on the order form if this is a new address. (Remember to include a letter regarding the change of address with your vaccine order.)

4. Specify all days and times during which you can receive delivery of VFC vaccine.

The VFC Program's wholesale distributor delivers vaccine Tuesday through Friday only. When specifying delivery times, take into account times of the day during which you cannot receive deliveries of VFC vaccine (e.g., lunch).

5. Record usage of all VFC vaccine you have administered since your last order.

This Information is easily obtained from a usage log or any other usage reports (e.g., Registry-generated usage reports).

6. List current inventory of all VFC vaccines when completing the order form.

(Do not report inventories of privately purchased vaccines)

List the amount of VFC vaccine on-hand in your refrigerator and freezer, along with their corresponding lot numbers and expiration dates. You may use a separate sheet of paper to record additional lot numbers if needed. You may also attach a registry-generated inventory report outlining detailed information on lot numbers and expiration dates. However, you must still record the total number of doses on-hand in the order form. This will assist the Customer Service Representatives in approving your vaccine order in a timely manner.

7. Select product choice and indicate the number of vaccine doses requested.

The number of doses requested must be in multiples of 10, since most products are shipped in packages of 10 single dose vials/syringes or 10-dose multi-dose vials.

8. Indicate packaging preference for requested product.

When indicated, check your choice of product presentation or packaging. If you do not specify a vaccine preference or packaging, the VFC Program will send vaccine that is currently on stock.

When Completed:

Fax to: (877) 329-9832 (toll-free)

OR

Mail to: Vaccines for Children Program
State of California Department of Health Services,
Immunization Branch
850 Marina Bay Parkway Building P, Upstairs
Richmond, CA 94804

Always keep a copy for your records!

For Questions Call: (877) 243-8832

OR

Contact your local VFC Representative