

VACCINES FOR CHILDREN (VFC) PROGRAM 2007-08 INFLUENZA VACCINE ORDER FORM

FAX TO: (877) 329-9832

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		DATE	VFC PIN NUMBER (6 digit)
DELIVERY ADDRESS (Number and Street—No P.O. Boxes)		CONTACT PERSON	
<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS.		CITY	ZIP CODE
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: # of units _____

Refrigerator/Freezer Combination: # of units _____

Stand alone freezer: # of units _____

Commercial/Laboratory Grade Unit: # of units _____

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

AVAILABLE THROUGHOUT FLU SEASON AS SUPPLY PERMITS							
AGE GROUPS	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	Doses Requested (Multiples of 10)	Product and Presentation (Please mark your product preference. Note: product may be substituted if preferred choice is not available.)	
ALL PRODUCTS MUST BE REFRIGERATED AT A TEMPERATURE BETWEEN 35° – 46° F. DO NOT FREEZE ANY OF THESE VACCINES!							
Children 6–35 months of age					_____doses	Fluzone® No preservative, pediatric dose	0.25 mL single-dose syringe 10 doses per box
Children 36 months–18 years of age <small>Note: Age indications for products available for this age range differ.</small>					_____doses	<input type="checkbox"/> Fluzone® (Ages 3–18 years)	5.0 mL multi-dose vial 10 doses per vial
					_____doses	<input type="checkbox"/> Fluvirin® (Ages 4–18 years)	5.0 mL multi-dose vial 10 doses per vial
Children 2–18 years of age					_____doses <small>(Minimum order 20 doses, multiples of 10)</small>	FluMist® (Live Attenuated Influenza Vaccine, LAIV)	0.20 mL Nose sprayer 10 doses per box
Priority Given to Pregnant Teens under 19 years of age					_____doses	<input type="checkbox"/> Fluzone® No Preservative	0.5 mL single-dose vials 10 doses per box
					_____doses	<input type="checkbox"/> Fluzone® No Preservative	0.5 mL single-dose syringe 10 doses per box

IMPORTANT: IF YOUR VACCINE BRAND CHOICE AND PACKAGING IS NOT AVAILABLE PRODUCT MAY BE SUBSTITUTED.

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. See back page for instructions.

2007–2008 Influenza vaccine orders received prior to the receipt of vaccine supplies at VFC national distributor will remain on hold until product is available.





Instructions for Completing the VFC Influenza Vaccine Order Form

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). You may contact the VFC Office at (877) 243-8832 to obtain your PIN.

2. Use the same facility name that is on record with the VFC Program.

The facility name on record can be found on the packing slips that accompany your 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 vaccine delivery address.

This is the address the VFC Program will provide to VFC's national vaccine distributor, McKesson Specialty, to deliver vaccines to your site. 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 current days and times during which you can receive delivery of VFC vaccines.

McKesson Specialty 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. Check the appropriate box that best describe your refrigerator unit (s).

When placing your flu vaccine order, please make sure you have enough storage space in your refrigerator to accommodate your flu vaccine shipment along with all of your regular pediatric vaccines. Remember: All influenza products available, including FluMist®, must be refrigerated.

6. Select product choice and indicate doses requested.

Influenza vaccine products should be appropriately selected based on the age range of patients served by your clinic. Please select only one product or presentation within each age group when multiple choices are available. 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.

7. For supplemental influenza orders, record usage of all VFC influenza vaccines administered since your previous or initial order.

For your *initial* order during the 2007–2008 flu season, enter -0- in the "Usage" section. Please do not record usage of vaccines administered during the previous flu season. Subsequent influenza vaccine orders must include the number of doses administered since your previous order. This information may be easily obtained from a usage log or an Immunization Registry-generated usage report.

8. For supplemental influenza orders, list current influenza vaccine inventory of VFC supplied flu vaccines.

For your *initial* order during the 2007–2008 Flu season, enter -0- in the "Inventory" section. Subsequent influenza vaccine orders must include a listing of vaccines remaining in your inventory since your previous order, and 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 VFC Customer Service Representatives in approving your vaccine order in a timely manner.

9. Return any expired or spoiled flu vaccines to VFC's national vaccine distributor.

All expired or spoiled influenza vaccine (including vials, syringes, and nasal sprayer packages) must be returned to the VFC Program's distributor. Return products to: **McKesson Specialty Distribution, 4853 Crumpler Road, Memphis, TN 38141.**

When Completed:

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

OR

Mail to: Vaccines for Children Program
California Department of Public Health,
Immunization Branch
850 Marina Bay Parkway Building P, 2nd Floor
Richmond, CA 94804

Always keep a copy for your records!

For Questions Call: (877) 243-8832

OR

Contact your local VFC Representative