Vaccine Order Form

Send Order, last 30 days Temp Logs and Complete Inventory

(801) 538-9322 or vacteam@utah.gov

Utah VFC
Utah Vaccines for Children

VFC PIN / USIIS ID

Date Submitted	Facility Name	Phone with Area Code

Delivery Address (no PO Boxes)	☐ Check if new address
Person Completing Order (Print) / Vaccine Coordinator (Print)	☐ Check if new Coordinator
Assigned Order Schedule ☐ Monthly ☐ Bi-monthly ☐ Quarterly ☐ As-Is / Email Address (Print)	☐ Check if new email

All sections must be completed to process the order. Submissions without inventory and temp logs are not accepted.

VACCINE		BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	VFC PROGRAM USE	
					Doses Filled	VOMS Entry
VACCINES STORED IN THE REFRIGERATOR 36° - 46° F (2° - 8° C)						
DTaP		☐ DAPTACEL (Sanofi)		Single dose vials - 10 per box		
		☐ Infanrix (GSK)		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
DTaP-Hep B-IPV		PEDIARIX (GSK)		Single dose syringes - 10 per box		
DTaP-HIB-IPV		Pentacel (Sanofi)		Single dose vials - 5 per box		
DTaP-IPV		KINRIX (GSK) - **4-6 yr booster only**		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
IPV		IPOL (Sanofi)		10 dose vial - 1 per box		
Hep A		☐ Havrix (GSK)		☐ Single dose vials - 10 per box ☐ Single dose syringes-10 per box		
		☐ VAQTA (Merck)		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
Hep B (Preservative Free)		☐ ENGERIX-B (GSK)		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
		☐ RECOMBIVAX HB (Merck)		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
HIB		☐ ActHIB (Sanofi) **2 mo-5 yrs**		Single dose vials - 5 per box		
		☐ Hiberix (GSK) **2 mo-4 yrs**		Single dose vials - 10 per box		
		☐ PedvaxHIB (Merck) **2 mo-5 yrs**		Single dose vials - 10 per box		
9vHPV		☐ GARDASIL 9 (Merck)		Single dose vials - 10 per box		
Meningococcal (A,C,Y,W-135)		☐ Menactra (Sanofi) **9 mo-18 yrs**		Single dose vials - 5 per box		
		☐ Menveo (GSK) **2 mo-18 yrs**		Single dose vials - 5 per box		
Meningococcal B (Men B)		☐ Bexsero (GSK) **16-18 yrs**		☐ Single dose syringes - 10 per box ☐ Single dose syringes - 1 per box		
		☐ Trumenba (Pfizer) **16-18 yrs**		Single dose syringes - 10 per box		
MMR		MMR (Merck)		Single dose vials - 10 per box		
Pneumococcal		Prevnar 13 (Pfizer)		Single dose syringes - 10 per box		
Rotavirus**		☐ RotaTeq (Merck)		Single dose tubes - 10 per box		
Tdap		☐ ADACEL (Sanofi) ***10-18 yrs***		☐ Single dose vials - 10 per box ☐ Single dose syringes - 5 per box		
		☐ BOOSTRIX (GSK) **10-18 yrs**		☐ Single dose vials - 10 per box ☐ Single dose syringes - 10 per box		
VACCINES STORED IN THE FREEZER 5° F or below (-15° C or below)						
MMR-V		ProQuad (Merck)		Single dose vials - 10 per box		
Varicella		VARIVAX (Merck)		Single dose vials - 10 per box		

Notes

If the vaccine brand selected is not selected/available, orders will be filled with a vaccine brand in inventory.

****Upon request only: Rota - ROTARIX (GSK) 10 single dose applicators**

*****For VFC patients needing DT, Td, MenCY or PPV23, contact the Utah VFC Program at (801) 538-9450.*****

Instruction for Completing the VFC Vaccine Order Form

The VFC Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Temperature logs for the last 30 days and complete inventory (vaccine, lot number, NDC number, expiration date, number of doses) must accompany this form. Orders submitted on outdated forms, without temperature logs or complete inventory will not be processed. An email will be sent to the address listed for all orders submitted.

Please place orders according to your usage and designated ordering schedule. If you are not familiar with your facility's ordering schedule or need help determining usage, please contact your regional representative at (801) 538-9450.

Instructions:

1. ***Enter facility's VFC PIN & USIIS ID -- Use on all orders***
   Provider Identification Number and USIIS ID assigned to your facility by the Utah VFC Program.

2. ***Enter Date Submitted***
   Date facility submits the order to the Utah VFC Program.

3. ***Enter Facility Name***
   Name of healthcare provider enrolled as a VFC Provider. Please notify the Utah VFC Program if facility name changes.

4. ***Phone Number with Area Code***
   Number to contact you if there is a question regarding your order.

5. ***Specify the Delivery Address***
   To ensure vaccine is delivered to the correct address, please provide us with the current vaccine delivery address.
   Check the box if this is a new address.

6. ***Enter Name of Person Completing Order***
   Print clearly the person completing the order form so we may contact you if there is a question regarding your order.

7. ***Enter Name of Vaccine Coordinator***
   Print clearly the person responsible for the VFC Program in your facility. Check the box if this is a Vaccine Coordinator.

8. ***Specify Assigned Order Schedule***
   Ordering frequency assigned to your facility by the Utah VFC Program.

9. ***Enter Email address of Person Completing Order***
   Email address to contact you if there is a question regarding your order.

10. ***Select product choice and indicate the number of vaccine doses requested***
    If vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.
    The number of doses requested should be in multiples of 5 or 10 depending on the available packaging for that vaccine.

11. ***Indicate packaging preference for requested product***
    When indicated, check your choice of product packaging. If you do not specify a packaging preference or the packaging is not available, the Utah VFC Program will send vaccine that is currently in inventory.

Always keep a copy for your records!

Send the completed vaccine order form, 30 days temp logs and full inventory to (801) 538-9322 or vacteam@utah.gov.

Helpful Hints for Ordering Vaccine

Vaccine deliveries are determine by the day of the week the order is received by the Utah VFC Program and the delivery days/times indicated on your Provider Enrollment Agreement. Notify the Utah VFC Program if your delivery times/facility hours change.

- Refrigerated vaccines are shipped from McKesson Specialty Distribution in Aurora, CO. Varicella and ProQuad are shipped directly from Merck and will arrive separately from other vaccines.
- Once vaccine orders have been processed, we are unable to return/exchange/cancel products.

For questions regarding vaccine orders, call the Utah VFC Program at (801) 538-9450 or email vacteam@utah.gov.

Provider Vaccine Inventory

All State Supplied Vaccines

VFC PIN / USIIS ID

Date Submitted	Facility Name	Phone with Area Code

Person Completing Report	Signature

Vaccine Type	Manufacturer	Lot Number	NDC Number	Expiration Date	Number of Doses	Grand Total
DTaP						
DTaP-Hep B-IPV (Pediarix)						
DTaP-HIB-IPV (Pentacel)						
DTaP-IPV (Kinrix)						
IPV						
Hep A Pediatric						
Hep B Pediatric						
HIB						

Date Submitted	VFC PIN	Facility Name				
Vaccine Type	**Manufacturer**	**Lot Number**	**NDC Number**	**Expiration Date**	**Number of Doses**	**Grand Total**
HPV						
Meningococcal (A,C,Y,W-135)						
Meningococcal B						
MMR						
MMR-V (ProQuad)						
Pneumococcal Conjugate						
Rotavirus						
Tdap						
Varicella						
Other						

Instructions

1. For each vaccine listed, allow one row for each lot number and fill in all information requested from external package.
2. For each vaccine type, add the total number of doses together. List the resulting sum in the Grand Total column.
3. Retain a copy for your records and submit with your vaccine order by sending to (801) 538-9322 or vacteam@utah.gov.