

Vaccines For Children (VFC) Program
Vaccine Order Form Fax to: (210) 207-2050

Check if address
 has changed

Order Schedule-Day
 Schedule: _____ Day: _____

Date:	Clinic Name:	VFC PIN: 000__ __
Delivery Address (No PO boxes):		City:
Contact name:		Telephone:
Email address:		Fax:

Delivery Instructions: DELIVERY: Check all days and times, you can receive vaccine. If closed during lunch hour, please specify.	Day of Week ✓	DO NOT deliver ✓	Receive Vaccine		Closed for Lunch	
			From	To	From	To
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
Friday						

Current Temperature	
Refrigerator ____F or C	Freezer ____F or C

Vaccines / Biologicals	Number of VFC doses used since last order	Lot Number	NDC #	Exp. Date ✓ 90 days to expire	Number of VFC doses on hand	Doses Ordering	Packaging and special notes
DTaP			49281-0286-10	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			49281-0298-10				<input type="checkbox"/> 10 single dose vials
			58160-0810-11	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
			58160-0810-52				<input type="checkbox"/> 10 single dose vials
DTaP-IPV, Kinrix (GSK) 4-6 yrs			58160-0812-11	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
			58160-0812-52	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
DTaP-Hep B-IPV, Pediarix (GSK) 6 wks-up to 7yrs			58160-0811-52	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
DTaP-IPV-Hib, Pentacel (SP) 6 wks-up to 5 yrs			49281-0510-05	<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
Hepatitis A			58160-0825-52	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			58160-0825-11				<input type="checkbox"/> 10 single dose syringes
Pediatric/Adol			00006-4831-41	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
Hepatitis B			58160-0820-52	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			58160-0820-11				<input type="checkbox"/> 10 single dose syringes
Pediatric/Adol			00006-4981-00	<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
Hib			49281-0545-05	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			00006-4897-00				<input type="checkbox"/> 10 single dose vials
			58160-0806-05				<input type="checkbox"/> 5 single dose vials
HPV			00006-4045-41	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			58160-0830-46				<input type="checkbox"/> 10 single dose vials
							<input type="checkbox"/> 5 single dose syringes
IPV, IPOL (SP)			49281-0860-10	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
							<input type="checkbox"/> 10 single dose syringes
MCV4			46028-0208-01	<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
			49281-0589-05				<input type="checkbox"/> 10 single dose vials
PCV13, Prevnar (PF) 6wks-59 mths			00005-1971-02	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
Rotavirus			00006-4047-20	<input type="checkbox"/>			<input type="checkbox"/> 25 single dose vials
			00006-4047-41				<input type="checkbox"/> 10 single dose vials
			58160-0854-52				<input type="checkbox"/> 10 single dose vials
Td			49281-0291-10	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
			49281-0291-83				<input type="checkbox"/> 10 single dose vials
			14362-0111-03				<input type="checkbox"/> 10 single dose vials
Tdap			49281-0400-10	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
			49281-0400-15				<input type="checkbox"/> 10 single dose syringes
			58160-0842-11				<input type="checkbox"/> 10 single dose vials
			58160-0842-52	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
MMR MMRII(MRK) (FREEZER optional)			00006-4681-00	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
Varicella (Varivax) (FREEZER)			00006-4827-00	<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials

SUPPLIES		
<input type="checkbox"/> Consents	<input type="checkbox"/> Large Manila Envelopes	<input type="checkbox"/> Small Envelopes
Always keep a copy for your records!		For Questions Call: (210) 207-4015 or 207-4308

Instructions for Completing the Pediatric SAMHD Vaccine Order Form

- Use the most current vaccine order form. A Broadcast Fax is sent to all SAMHD providers when changes are made and current versions are available on the SAMHD website.
- Vaccine orders should be submitted according to provider's assigned ordering tier and date. Order forms should not be completed and faxed into SAMHD more than one business day prior to the facilities assigned order date.
- Other SAMHD forms and vaccine order forms can be found on the SAMHD website: www.sanantonio.gov/health/immunizations-VFCResources.html

1. Delivery instructions

- a. Describe the most effective delivery point (e.g., "pharmacy", "pediatric-2nd floor", name of nurse in charge).
- b. Indicate dates/times when vaccine should not be delivered (e.g., "clinic closed on Fridays").

- ### 2. Include the current temperature in refrigerator and freezer. To ensure appropriate storage and handling of all vaccines, we request you document the current temperature reading in the refrigerator and freezer EACH time you place an order for vaccines. Remember to indicate whether the measurement is in Fahrenheit (F) or Celsius (C). Orders will be held if this information is not included.

3. Ordering vaccine

- a. Inventory all VFC vaccines currently on hand even if you are not ordering all products at this time. Note the totals for all vaccines currently in inventory in the *Number of Doses (VFC Only) On-Hand* on the front of this form. (Please do not include doses of PPD that should be reported to TB Control) To complete the *Number of Doses (VFC Only) used since last order* column, you must retrieve your previous VFC Order Form and VFC Vaccine Delivery Invoice Form. Add the total number of doses on hand (Prior VFC Order Form) to the total number of vaccine doses received (VFC Vaccine Delivery Invoice Form). Subtract this total from the number of doses (VFC Only) that you currently have on-hand and fill in the column. Orders will be held if this information is not included.
- b. If you have vaccine that is short dated (90 days from expiring), contact SAMHD immediately to prevent vaccine waste and possible fees.

- ### 4. Fax the completed order form to the VFC Program (210) 207-2050.

- ### 5. Deliveries from McKesson are made Tuesday, Wednesday, Thursday and possibly Friday if a clinic is open (e.g., 9:00-5:00), usually within two business weeks after SAMHD receives the completed request.

- ### 6. If vaccine appears to have been damaged in transit from the distributor, contact SAMHD at (210) 207-4015 or (210) 207-4308 within two hours of vaccine delivery.

Do you have expired or spoiled vaccine?
 All nonviable VFC vaccine (i.e., expired or spoiled) must be returned to McKesson Specialty. Contact SAMHD for approval prior to returning vaccine. Complete and fax the Vaccine Return Packing Slip to (210) 207-2050.

Vaccine Manufacturer Key:					
GSK = GlaxoSmithKline	MBL = Massachusetts Biological Labs	MRK = Merck	NOV = Novartis	SP = Sanofi Pasteur	PF = Pfizer