

**Vaccines For Children (VFC) Program**  
**Vaccine Order Form Fax to: (210) 922-9938**

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:	Day of Week <input type="checkbox"/>	DO NOT deliver <input type="checkbox"/>	Receive Vaccine From	To	Closed for Lunch From	To
DELIVERY: Check all days and times, you can receive vaccine. If closed during lunch hour, please specify.	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	Exp. Date <input type="checkbox"/> 90 days to expire	Number of VFC doses on hand	Doses Ordering	Packaging and special notes
<b>DTaP</b>	Daptacel (SP) 6wks-up to 7yrs		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
	Infanrix (GSK) 6wks-up to 7yrs		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>DTaP-IPV, Kinrix (GSK) 4-6 yrs</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>DTaP-Hep B-IPV, Pediarix (GSK) 6 wks-up to 7yrs</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>DTaP-IPV-Hib, Pentacel (SP) 6 wks-up to 5 yrs</b>			<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
<b>Hepatitis A</b>	Havrix (GSK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
	Pediatric/Adol Vaqta (MRK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
<b>Hepatitis B</b>	Engerix-B (GSK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
	Pediatric/Adol Recombivax HB (MRK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
<b>Hib</b>	ActHIB (SP) 6wks-59 mths		<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
	Hiberix (GSK) 15-59 mths		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
	PedvaxHIB (MRK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
<b>HPV</b>	Gardasil (MRK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
	Cervarix (GSK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 5 single dose syringes
<b>IPV, IPOL (SP)</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>MCV4</b>	Menactra (SP)		<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
	Menveo (Nov)		<input type="checkbox"/>			<input type="checkbox"/> 5 single dose vials
<b>PCV13, Prevnar (PFE) 6wks-59 mths</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose syringes
<b>Rotavirus</b>	RotaTeq (MRK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose tubes
	Rotarix (GSK)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose tubes
<b>Td</b> 7 yrs & older	MassBiologics (MBL)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
	Decavac (SP)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>Tdap</b>	Adacel (SP), 11-64 yrs (11-18 yrs for VFC)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 5 single dose syringes
	Boostrix (GSK), 10-64 yrs (10-18 yrs for VFC)		<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials <input type="checkbox"/> 10 single dose syringes
<b>MMR MMRII(MRK) (FREEZER optional)</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
<b>MMR-V (Proquad) (MRK) (FREEZER)</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials
<b>Varicella (Varivax) (MRK)(FREEZER)</b>			<input type="checkbox"/>			<input type="checkbox"/> 10 single dose vials



## SUPPLIES

 Consents Large Manila Envelopes 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](http://www.sanantonio.gov/health/immunizations-VFCResources.html)

### 1. Delivery instructions

- a. Describe the most effective delivery point (e.g., "pharmacy", "pediatric-2<sup>nd</sup> 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) 922-9938.**

- 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) 922-9938.

### Vaccine Manufacturer Key:

GSK = GlaxoSmithKline	MBL = Massachusetts Biological Labs	MRK = Merck	NOV = Novartis	SP = Sanofi Pasteur	PFE = Pfizer
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