Influenza Vaccine Order Form
2016-2017 Season

Send Order, last 30 days Temp Logs and Influenza Inventory to (801) 538-9322 or vacteam@utah.gov.

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)		Facility VFC Coordinator (Print)	☐ Check if new VFC Coordinator
# 2015-16 VFC Flu Ordered	# 2015-16 VFC Flu Expired	Email Address (Print)	☐ Check if new email
Reason for Order Increase (if applicable)			

All sections must be completed for your order to be processed. Orders submitted without VFC flu inventories and temps will not be accepted.

VACCINE		BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	VFC PROGRAM USE ONLY Doses Filled/VTrcks Entry Date
ALL VACCINES STORED IN THE REFRIGERATOR AT 36° - 46° F (2° - 8° C)					
Influenza Infants Preservative Free Injectable Syringes (IIV4)					
Quadrivalent NDC 49281-0516-25		Fluzone-PF (Sanofi Pasteur) **Ages 6-35 months only*		0.25 mL single dose syringes - 10 per box	
Influenza Preservative Free Injectable Vials/Syringes (IIV4)					
Quadrivalent NDC 58160-0905-52		Fluarix-PF (GSK) *Ages 36 months and older		0.5 mL single dose syringes - 10 per box	
Quadrivalent NDC 49281-0416-10		Fluzone-PF (Sanofi Pasteur) *Ages 36 months and older		0.5 mL single dose vial - 10 per box	
Quadrivalent NDC 49281-0416-50		Fluzone-PF (Sanofi Pasteur) *Ages 36 months and older		0.5 mL single dose syringes - 10 per box	
Influenza Injectable Multi-dose Vials (IIV4)					
Quadrivalent NDC 19515-0903-11		FluLaval MDV (GSK) ***Ages 36 months and older**		5 mL 10-dose vial - 1 vial per box	
Quadrivalent NDC 49281-0625-15		Fluzone MDV (Sa *Ages 6 months a*	UNAVAILABLE	ox	
Influenza Cell Culture-based Inactivated Influenza Vaccine (ccIIV4)					
Quadrivalent NDC 70461-0200-01		Flucelvax (Seqirus) ***Ages 4 years and older**		0.5 mL single dose syringes - 10 per box	

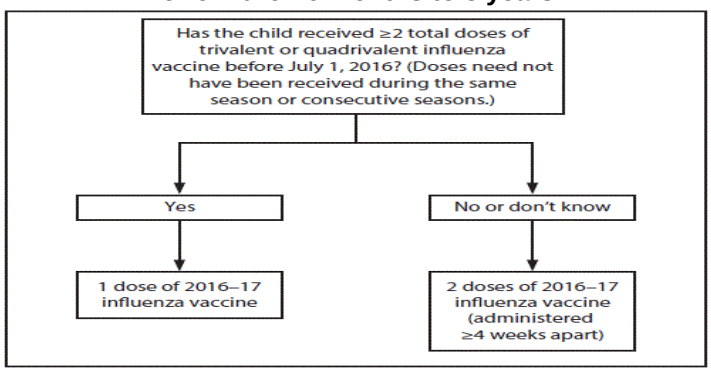
****Note: If the vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.**

Form 3C 11/16

Vaccine Ordering and Delivery

- Influenza orders should reflect seasonal need. Review last season and indicate reasons for increase. Additional orders may be placed thoughout the season for products still available. Additional orders will not be filled until all original orders are complete.
- Vaccine orders may be partially filled depending on the product availability at McKesson. Until order is shipped in full, product will continue to ship as it becomes available.

Reminder on the ACIP Recommendations for Influenza
For children 6 months to 8 years



For more information, please refer to the MMWR Prevention and Control of Influenza with Vaccines; the product's package insert; contact the vaccine manufacturer; or call the UIP at (801) 538-9450.

Instruction for Completing the Influenza Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the Influenza Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Orders submitted on outdated forms may delay the processing of your vaccine order.

Instructions:

1. ***Enter facility's VFC PIN --*** **Use on all orders**
   Provider Identification Number 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 Facility VFC Coordinator***
   Print clearly the person reponsible for the VFC Program in your facility. Check the box if this is a new VFC Coordinator.

8. ***Enter Email for person completing the form***
   Email to contact you if there are questions regarding your order.

9. ***Enter the Number of VFC 2015-16 Flu Doses Ordered***
   Number of VFC Influenza doses ordered. If quantity requested exceeds previous year usage, provide clarification.

10. ***Enter the Number of VFC 2015-16 Influenza Doses Returned or Wasted***
    Number of VFC Influenza doses expired or wasted in previous season.

11. ***Reason for Order Increase (If applicable)***
    If quantity requested exceeds your previous year's usage, please provide clarification on the need of additional doses.

12. ***List current inventory of all VFC influenza vaccines***
    List the **total** amount of influenza vaccine on-hand in your refrigerator/freezer for each type.
    Orders submitted without influenza inventories **will not** be accepted.
    Do not report inventory of privately purchased influenza vaccines.

13. ***Select product choice and indicate the number of vaccine doses requested for the season***
    If vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.
    Orders may be reduced based on previous year's usage. If you expect an usage increase, please let us know.

Always keep a copy for your records!

Send the completed vaccine order form, inventory and temps to (801) 538-9322 or vacteam@utah.gov.
For questions regarding influenza vaccine orders, call the Utah VFC Program at (801) 538-9450.

Provider Influenza Vaccine Inventory
2016-2017 Season
All State Supplied Influenza 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
Fluzone Infant .25mL syringe - Quadrivalent	Sanofi Pasteur		49281-0516-25	6/30/2017		
	Sanofi Pasteur		49281-0516-25	6/30/2017		
	Sanofi Pasteur		49281-0516-25	6/30/2017		
	Sanofi Pasteur		49281-0516-25	6/30/2017		
Fluarix .5mL syringe - Quadrivalent	GSK		58160-0905-52	6/30/2017		
	GSK		58160-0905-52	6/30/2017		
	GSK		58160-0905-52	6/30/2017		
	GSK		58160-0905-52	6/30/2017		
Fluzone .5mL SDV - Quadrivalent	Sanofi Pasteur		49281-0416-10	6/30/2017		
	Sanofi Pasteur		49281-0416-10	6/30/2017		
	Sanofi Pasteur		49281-0416-10	6/30/2017		
	Sanofi Pasteur		49281-0416-10	6/30/2017		
Fluzone .5mL syringe - Quadrivalent	Sanofi Pasteur		49281-0416-50	6/30/2017		
	Sanofi Pasteur		49281-0416-50	6/30/2017		
	Sanofi Pasteur		49281-0416-50	6/30/2017		
	Sanofi Pasteur		49281-0416-50	6/30/2017		
FluLaval MDV - Quadrivalent	GSK		19515-0903-11	5/31/2017		
	GSK		19515-0903-11	5/31/2017		
	GSK		19515-0903-11	5/31/2017		
	GSK		19515-0903-11	5/31/2017		
Fluzone MDV - Quadrivalent	Sanofi Pasteur		49281-0625-15	6/30/2017		
	Sanofi Pasteur		49281-0625-15	6/30/2017		
	Sanofi Pasteur		49281-0625-15	6/30/2017		
	Sanofi Pasteur		49281-0625-15	6/30/2017		
Flucelvax syringe - Quadrivalent	MedImmune		70461-0200-01	6/30/2017		
	MedImmune		70461-0200-01	6/30/2017		
	MedImmune		70461-0200-01	6/30/2017		
	MedImmune		70461-0200-01	6/30/2017		

Instructions

1. For each vaccine listed, allow one row for each lot number and fill in all information requested.
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.