



Influenza Vaccine Order Form 2011-2012 Season

VFC PIN

Fax order to (801) 538-9322

Date Submitted		Clinic Name			Phone with Area Code		
Delivery Address (no PO Boxes)							<input type="checkbox"/> Check if new address
Person Completing Order (Print)				VFC Contact Person (Print)			<input type="checkbox"/> Check if new VFC Contact
Maximum # of doses you may receive at 1 time				Email Address (Print)			<input type="checkbox"/> Check if new email
# of 2010-11 VFC Flu Ordered		# of 2010-11 VFC Flu Expired		Reason for Order Increase (if applicable)			
All sections must be completed for your order to be processed. Orders submitted without complete VFC inventories will not be accepted.							
VACCINE	ALL VFC DOSES IN INVENTORY	BRAND NAME (MANUFACTURER)	SEASONAL DOSES ORDERED	PACKAGING	VFC PROGRAM USE ONLY		
					Doses Filled	Doses Back Ordered	VacMan Entry Date
ALL VACCINES STORED IN THE REFRIGERATOR AT 35° - 46° F (2° - 8° C)							
Influenza Peds Preservative Free Injectable		Fluzone-PF (Sanofi Pasteur) <i>*Ages 6-35 months only</i>		0.25 mL single dose syringes - 10 per box			
Influenza Preservative Free Injectable		Fluarix-PF (GSK) <i>*Ages 36 months and older</i>		0.5 mL single dose syringes - 10 per box			
		Fluzone-PF (Sanofi Pasteur) <i>*Ages 36 months and older</i>		0.5 mL single dose vial - 10 per box			
Influenza Injectable		Fluzone MDV (Sanofi Pasteur) <i>*Ages 6 months and older</i>		1 mL single dose vial - 1 vial per box			
Influenza Preservative Free Intranasal		FluMist (MedImmune) <i>*Healthy persons 2-49 years</i>		0.2 mL single-use sprayers - 10 per box			
**Note: If the vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory.							

Form 3C 12/11

Reminder on the ACIP Recommendations for Influenza

- ◆ Children 6 months through 8 years of age, who did not receive a dose of influenza vaccine during the 2010-11 season, should receive 2 doses of the 2011-12 Seasonal Influenza Vaccine. All others should receive 1 dose.
- ◆ Two doses of Trivalent Inactivated Influenza Vaccine (TIV) should be separated by at least 4 weeks.
- ◆ Two doses of Live Attenuated Influenza Vaccine (LAIV) should be separated by at least 4 weeks. If not administered in conjunction with MMR, MMRV and/or Varicella, at least 28 days should separate the vaccines.

Storage of All Influenza Vaccines

All Influenza vaccines, including FluMist, should be stored REFRIGERATED, not frozen, at 2 - 8° C (35 - 46° F) upon receipt and remain at that temperature until the expiration date.

For more information, please refer to the MMWR Early Release August 18, 2011, Prevention and Control of Influenza with Vaccines; the product's package insert; contact the vaccine manufacturer; or call the Utah Immunization Program 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 clinic's VFC PIN -- Use on all orders**
Provider Identification Number assigned to your clinic by the Utah VFC Program.
- 2. Enter Date Submitted**
Date clinic submits the order to the Utah VFC Program.
- 3. Enter Clinic Name**
Name of healthcare provider enrolled as a VFC provider. Please notify the Utah VFC Program if clinic 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 VFC Contact Person**
Print clearly the person responsible for the VFC Program in your clinic. Check the box if this is a new VFC Contact.
- 8. Enter maximum number of doses you may receive at 1 time**
Indicate the maximum number of influenza doses that you are able to store at 1 time.
Shipments will be based on the number provided.
- 9. Enter Email for person completing the form**
Email to contact you if there are questions regarding your order.
- 10. Enter the Number of VFC 2010-11 Flu Doses Ordered**
Number of VFC Influenza doses ordered. If quantity requested exceeds previous year usage, you may to provide clarification.
- 11. Enter the Number of VFC 2010-11 Influenza Doses Returned or Wasted**
Number of VFC Influenza doses expired or wasted in previous season.
- 12. Reason for Order Increase (If applicable)**
If quantity requested exceeds your previous year's usage, please provide clarification on why additional doses are needed.
- 13. List current inventory of all VFC 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.
- 14. 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.
The number of doses requested should be in multiples of 5 or 10 depending on the available packaging for that vaccine.
Orders may be reduced based on previous year's usage. If you expect an usage increase, please let us know.
- 15. 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!

Fax the completed vaccine order form to the Utah VFC Program at (801) 538-9322.
For questions regarding influenza vaccine orders, call the Utah VFC Program at (801) 538-9450.