

PIN _____

VACCINE ORDER FORM

North Carolina Department of Health and Human Services

***Before giving any state supplied vaccines, see the most recently updated NCIP Coverage Criteria for proper administration. The criteria can be found on our website at www.immunizenc.com/providers.

Division of Public Health - Immunization Branch

VACCINE REQUISITION/INVENTORY FORM

Call **1-877-873-6247** if you have questions about ordering,

***By Federal law, a current Vaccine Information Statement must be given prior to administration of the vaccine, and it must be given each time vaccine is given.

Fax completed form to **1-800-544-3058**

FACILITY NAME _____ DATE _____

Fridge Temp this am? _____ Freezer? _____

CONTACT _____ FED ID # _____

Will you be closed in the next 30 days? If yes, when?

SHIPPING ADDRESS _____ CITY _____ ZIP CODE _____

Dates: _____

PHONE # _____ EXT _____ FAX # _____

Business Hours: _____ Lunch: _____

VACCINES STORED IN THE REFRIGERATOR

CURRENT VFC INVENTORY				NEW VACCINE ORDER					
VACCINE	DOSES ON HAND	LOT NUMBER	EXP. DATE	BRAND/ MFG	NDC NUMBER	Unit Shipping Size	Doses Used	Doses X3	# Doses Requested
DT-Peds				Generic -Sanofi	49281-0225-01	2 pack - 1 dose vials			
DTaP				Daptacel®-Sanofi	49281-0286-10	10 pack - 1 dose vials			
				Infanrix®-GSK	58160-0810-11	10 pack - 1 dose vials			
							58160-0810-52	10 pack - 1 dose syringes	
DTaP/IPV				Kinrix®-GSK	58160-0812-11	10 pack - 1 dose vials			
							58160-0812-52	10 pack - 1 dose syringes	
				Quadracel®-Sanofi	49281-0562-10	10 pack - 1 dose vials			
DTaP/Hep B/IPV				Pediarix®-GSK	58160-0811-52	10 pack - 1 dose syringes			
DTaP/IPV/HIB				Pentacel®-Sanofi	49281-0510-05	5 pack - 1 dose vials			

CURRENT VFC INVENTORY				NEW VACCINE ORDER					
VACCINE	DOSES ON HAND	LOT NUMBER	EXP. DATE	BRAND/ MFG	NDC NUMBER	Unit Shipping Size	Doses Used	Doses X3	# Doses Requested
Hep A-Peds				Vaqta®-Merck	00006-4831-41	10 pack - 1 dose vials			
					00006-4095-02	10 pack - 1 dose syringe			
Hep A-Peds				Havrix®-GSK	58160-0825-11	10 pack - 1 dose vials			
					58160-0825-52	10 pack - 1 dose syringes			
Hep B Peds				Engerix B®-GSK	58160-0820-11	10 pack - 1 dose vials			
					58160-0820-52	10 pack - 1 dose syringes			
				Recombivax HB®-Merck	00006-4981-00	10 pack - 1 dose vials			
					00006-4093-02	10 pack - 1 dose syringe			
Hib				ActHIB®-Sanofi	49281-0545-05	5 pack - 1 dose vials			
				PedvaxHIB®-Merck	00006-4897-00	10 pack - 1 dose vials			
				HIBERIX®-GSK	58160-0818-11	10 pack - 1 dose vials			
HPV			Gardasil®9-Merck	00006-4119-03	10 pack - 1 dose vials				
IPV			IPOL®-Sanofi	49281-0860-10	10 dose vial				
MCV				Menactra®-Sanofi	49281-0589-05	5 pack - 1 dose vials			
				Menveo®-GSK	46028-0208-01	5 pack - 1 dose vials			

CURRENT VFC INVENTORY				NEW VACCINE ORDER						
VACCINE	DOSES ON HAND	LOT NUMBER	EXP. DATE	BRAND/ MFG	NDC NUMBER	Unit Shipping Size	Doses Used	Doses X3	# Doses Requested	
MENB				Bexsero®-Novartis	46028-0114-01	10 pack - 1 dose syringes				
				Bexsero®-Novartis	46028-0114-02	single dose syringe				
MENB				Trumenba®-Pfizer	00005-0100-10	10 pack - 1 dose syringes				
PCV				Pevnar 13® TM- Pfizer	00005-1971-02	10 pack - 1 dose syringes				
				Pneumovax® 23 - Merck	00006-4943-00	single dose vial				
Rota				RotaTeq®-Merck	00006-4047-41	10 pack - 1 dose tubes				
					00006-4047-20	25 pack - 1 dose tubes				
				Rotarix®-GSK	58160-0854-52	10 pack - 1 dose vials				
Td				Tenivac®-Sanofi	49281-0215-10	single dose vial				
					49281-0215-15	single dose syringe				
				Td Pres-Free - Mass Bio Labs	13533-0131-01	single dose vial				
TDAP				Boostrix®-GSK	58160-0842-11	10 pack - 1 dose vials				
					58160-0842-52	10 pack - 1 dose syringes				
				Adacel®-Sanofi	49281-0400-10	10 pack - 1 dose vials				
					49281-0400-15	5 pack - 1 dose syringes				

VACCINES STORED IN THE FREEZER

MMR				M-M-R®II-Merck	00006-4681-00	10 pack - 1 dose vials			
MMR-V				ProQuad®-Merck	00006-4999-00	10 pack - 1 dose vials			
Varicella				Varivax®-Merck	00006-4827-00	10 pack - 1 dose vials			

Purpose: To request vaccine from the North Carolina Immunization Program

Preparation: Complete original and retain one copy for your records

Distribution: Vaccine orders may be faxed or mailed to:

Fax: 1-800-544-3058

Immunization Branch
 1917 Mail Service Center
 Raleigh, NC 27699-1917

If an order is faxed, do not mail the order!

Additional forms may be ordered from the above office, as well as printed online.

How to use this form:

1. Review your doses administered data by taking the following steps:
 - a. Total all doses administered from the previous month for each vaccine type. Enter the number in **Previous Month Doses Used** column.
 - b. Multiply **Previous Month Doses Used** column by three and enter this number in the **Doses X 3** column.

2. Inventory current stock.
 - a. Rotate stock to ensure vaccines with the shortest expiration dates are used first.
 - b. Enter inventory amounts in the **Doses on Hand** column, by type, lot number and expiration date.
 - c. If you have more than three lot numbers to record for a vaccine please use the supplemental inventory form provided.

- * Orders missing **Doses on Hand** information may result in processing delays.

3. Complete your vaccine order:
 - a. Subtract **Doses on Hand** column from the **Doses X 3** column.
 - b. Enter the difference in the **# Doses Requested** column. Round up to the unit shipping size.
 - c. Fax or mail your order to the Customer Service staff.

Disposition: Retain a copy of the completed form for three years or destroy when agency need ends.

Remember: Your Vaccines Administered Logs (VALS) are due to the Immunization Branch by the 10th of every month. Failure to send those in could delay the processing of your vaccine order.