Iowa Department of Public Health
Vaccines for Children Program
Vaccine Order Form

Date Submitted: _____ VFC PIN: _____

Facility Name: _____

Vaccine Delivery Address: _____
Street City Zip

Special Delivery Instructions: _____

Telephone: (_____)_____ Fax: (_____)_____

Submit vaccine orders consistent with your tiered ordering frequency order cycle. The State of Iowa reserves the right to ship other equivalent vaccines in some circumstances. **Doses on hand must be completed for all VFC vaccine in inventory.**

Vaccine/Biologicals	Unit Size	Doses Ordered	Doses On Hand
DTaP – INFANRIX (GSK)	10 x 1 dose vial*		
DTaP – INFANRIX (GSK)	10 x 1 dose syringe*		
DTaP – DAPTACEL (Sanofi)	10 x 1 dose vial*		
DTaP - Tripedia (Sanofi)	10 x 1 dose vial**		
DTaP-Hep B-IPV – PEDIARIX (GSK)	5 x 1 dose syringe*		
DTaP-IPV/ActHIB – Pentacel (Sanofi)	5 x 1 dose vial*		
DTaP-IPV – KINRIX (GSK)	10 x 1 dose vial*		
DTaP-IPV – KINRIX (GSK)	5 x 1 dose syringe*		
DT (ped) (Sanofi) *Limited availability*	10 x 1 dose vial**		
Td (ped/adult) (Sanofi) *Limited availability*	10 x 1 dose vial**		
Td (ped/adult) (Sanofi) *Limited availability*	10 x 1 dose syringe**		
Td (ped/adult) MassBiologicals *Limited availability*	10 x 1 dose vial**		
Tdap – BOOSTRIX (GSK)	10 x 1 dose vial*		
Tdap – BOOSTRIX (GSK)	5 x 1 dose syringe*		
Tdap – ADACEL (Sanofi)	10 x 1 dose vial*		
Tdap – ADACEL (Sanofi)	5 x 1 dose syringe*		
Hib - ActHIB (Sanofi)	5 x 1 dose vial*		
Hib – PedvaxHIB (Merck)	10 x 1 dose vial*		
Hib – Hiberix (GSK)	10 x 1 dose vial*		
Hib/Hep B – COMVAX (Merck)	10 x 1 dose vial*		
Hepatitis A – HAVRIX (GSK)	10 x 1 dose vial*		
Hepatitis A – HAVRIX (GSK)	10 x 1 dose syringe*		
Hepatitis A – VAQTA (Merck)	10 x 1 dose vial*		
Hepatitis B – ENGERIX B (GSK)	10 x 1 dose vial*		
Hepatitis B – ENGERIX B (GSK)	10 x 1 dose syringe*		
Hepatitis B – RECOMBIVAX HB (Merck)	10 x 1 dose vial*		
HPV GARDASIL (Merck)	10 x 1 dose vial*		
HPV Cervarix (GSK)	10 x 1 dose vial*		
HPV Cervarix (GSK)	5 x 1 dose syringe*		
MMR (Merck)	10 x 1 dose vial*		
Meningococcal Conjugate - Menactra (Sanofi)	5 x 1 dose vial*		
Meningococcal Conjugate – Menveo (Novartis)	5 x 1 dose vial*		
Polio – IPV (Sanofi)	10 dose vial*		
Pneumococcal Conjugate - Prevnar (Wyeth)	10 x 1 dose syringe*		
Rotavirus – ROTARIX (GSK)	10 x 1 dose tube*		
Rotavirus – RotaTeq (Merck)	10 x 1 dose tube*		

Varicella containing vaccine will be shipped directly from the manufacturer.

Varicella (Merck)	10 x 1 dose vial*		
MMRV - ProQuad (Merck)	10 x 1 dose vial*		

* Thimereosal Free ** Contains trace amount of thimerosal
Information regarding thimerosal content of vaccines is available on the FDA website:
(http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228#t1)

Signature: _____

Fax order to: 1-800-831-6292

If there are questions regarding the Vaccines for Children Program call 1-800-831-6293

INSTRUCTIONS

Date Submitted, type or print the date the order is transmitted or mailed.

VFC PIN, type or print the VFC provider identification number assigned to the clinic or practice. The provider identification number will be assigned to enrolling physicians after enrollment forms are processed by the IDPH. Leave this space blank for the first order if it accompanies the enrollment application.

Facility Name, type or print the name of the practice or provider group.

Vaccine Delivery Address, type or print the address where vaccine will be delivered, **No PO Boxes**.

Special Delivery Instructions, type or print days and hours for vaccine delivery.

Telephone, type or print the phone number of the office contact person.

Fax, type or print the clinic or practice fax number.

Doses Ordered, type or print the number of **doses** of vaccine needed by the clinic. Note: Any varicella containing product will be shipped directly from the manufacturer.

Doses On Hand, type or print the number of all **doses** of all VFC vaccine in stock at the time the order is placed. Vaccine orders will not be distributed without completing the Doses On Hand portion of the vaccine order form.

Signature, the signature of the person responsible for placing the vaccine order.

This form can be found on the Iowa Department of Public Health web site at:
http://www.idph.state.ia.us/adper/common/pdf/immunization/vfc_vaccine_order_form.pdf