Iowa Department of Public Health
Vaccines for Children Program
Monthly Doses Administered Report
Public Provider

Month/Year: _____ VFC PIN: _____

Facility Name: _____

Contact Person: _____ County: _____

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

Vaccine	NDC	Doses Administered	
		VFC	Under-Insured
DTaP (Daptacel vials)	49281-0286-10		
DTaP (Infanrix vials)	58160-0810-11		
DTaP (Infanrix syringes)	58160-0810-52		
DTaP/Hep B/IPV (PEDIARIX syringes)	58160-0811-52		
DTaP/IPV/ActHIB (Pentacel vials)	49281-0510-05		
DTaP/IPV (KINRIX vials)	58160-0812-11		
DTaP/IPV (KINRIX syringes)	58160-0812-52		
DT (pediatric vials) through 6 years of age	49281-0225-10		
Td (adult vials) 7 years of age & older	49281-0215-10		
Td (adult syringes) 7 years of age & older	49281-0215-15		
Tdap (Adacel vials)	49281-0400-10		
Tdap (Adacel syringes)	49281-0400-15		
Tdap (Boostrix vials)	58160-0842-11		
Tdap (Boostrix syringes)	58160-0842-52		
Hepatitis A (Havrix vials)	58160-0825-11		
Hepatitis A (Havrix syringes)	58160-0825-52		
Hepatitis A (Vaqta vials)	00006-4831-41		
Hepatitis A (Vaqta syringes)	00006-4095-09		
Hepatitis B (Engerix B vials)	58160-0820-11		
Hepatitis B (Engerix B syringes)	58160-0820-52		
Hepatitis B (Recombivax HB vials)	00006-4981-00		
Hepatitis B (Recombivax HB syringes)	00006-4093-09		
Hib (ActHIB vials)	49281-0545-05		
Hib (PedvaxHIB vials)	00006-4897-00		
Hib/Hep B (COMVAX vials)	00006-4898-00		
HPV (Cervarix syringes)	58160-0830-52		
HPV (GARDASIL vials)	00006-4045-41		
MMR (vials)	00006-4681-00		
MMRV (ProQuad vials)	00006-4999-00		
Meningococcal Conjugate (Menactra vials)	49281-0589-05		
Meningococcal Conjugate (Menveo vials)	46028-0208-01		
Polio (multi-dose vials)	49281-0860-10		
Pneumococcal Conjugate (Prevnar 13 syringes)	00005-1971-02		
Rotavirus (RotaTeq tubes)	00006-4047-41		
Rotavirus (Rotarix tubes)	58160-0854-52		
Varicella (Varivax vials)	00006-4827-00		
See 2nd page for influenza vaccines			

Please fax your doses administered report to:
1-800-831-6292

If you have questions regarding the Vaccines for Children Program call 1-800-831-6293.

Vaccine	NDC	Doses Administered	
		VFC	Under-Insured
Influenza (Fluzone multi-dose vials)	49281-0392-15		
Influenza (Fluzone 0.25 mL syringes)	49281-0113-25		
Influenza (Fluzone 0.50 mL syringes)	49281-0013-50		
Influenza (Fluzone 0.50 mL single dose vials)	49281-0013-10		
Influenza (Fluarix Quadrivalent 0.50 mL syringe	58160-0900-52		
Influenza (Fluarix Trivalent 0.50 mL syringes)	58160-0880-52		
Influenza (Fluvirin multi-dose vials)	66521-0116-10		
Influenza (Fluvirin 0.50 mL syringes)	66521-0116-02		
Influenza (FluMist Intranasal sprayer)	66019-0300-10		
Influenza (Afluria syringes)	33332-0013-01		
Influenza (Afluria vials)	33332-0113-10		

INSTRUCTIONS

Month/Year, type or print the month and year the vaccines were administered.

VFC PIN, type or print the VFC provider identification number (PIN) assigned to the clinic or practice. The PIN will be assigned to enrolling physicians after enrollment forms are processed by the Immunization Program.

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

Contact Person, type or print the name of the office contact person.

County, type or print the county where the clinic is located.

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

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

VFC Doses Administered, type or print the number of doses of VFC vaccine administered monthly by the clinic for children who are Medicaid-eligible, uninsured, American Indian/Alaskan Native.

Underinsured Doses Administered, type or print the number of doses of VFC vaccine administered monthly by your clinic for children who are underinsured. Underinsured means the child has health insurance, but the benefit plan does not include immunizations.

This form can be found on the Iowa Department of Public Health web site at:
http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Vfc