

VACCINES FOR CHILDREN PROGRAM

Adult Vaccine Order and Accountability Form-LPHAs Only

In order to ensure the vaccine order is processed as quickly as possible, all sections of this form MUST be completed. Adult and pediatric vaccine must be ordered at the same time. Fax all required forms and monthly Temperature Logs to 573.526.5220. All vaccine transfers and wastage should be submitted at the time of the occurrence.

Vaccine	Brand	Doses in Inventory	Lot # (Attach additional sheets if needed)	Vaccine Expiration Date	Current NDC Numbers	Write in Older NDC Numbers	Doses Administered	Unit Shipping Size	Doses Requested
Hepatitis A (Adult)	Havrix <i>GSK</i>				58160-0826-11			10x1 dose vials	
					58160-0826-52			10x1 dose syr.	
	Vaqta				00006-4841-41			10x1 dose vials	
					00006-4096-09			6x1 dose syr.	
Hepatitis B (Adult)	Engerix B <i>GSK</i>				58160-0821-11			10x1 dose vials	
					58160-0821-52			10x1 dose syr.	
	Recombivax <i>Merck</i>				00006-4995-41			10x1 dose vials	
					00006-4995-00			1 dose vial	
Hepatitis A/B (Adult)	Twinrix <i>GSK</i>				58160-0815-11			10x1 dose vials	
					58160-0815-52			10x1 dose syr.	
HPV (Adult)	Gardasil				00006-4045-41			10x1 vials	
	Cervarix				58160-0830-52			10x1 dose syr.	
Meningococcal Conj. (Adult)	Menactra <i>Sanofi</i>				49281-0589-05			5x1 dose vials	
	Menveo <i>Novartis</i>				46028-0208-01			5x1 dose vials	
MMR (Adult)	MMR II <i>Merck</i>				00006-4681-00			10x1 dose vials	
Pneumococcal (Adult)	Pneumovax 23				00006-4943-00			1 dose vial	
Td (Adult)	Tenivac <i>Sanofi</i>				49281-0215-10			1 dose vial	
					49281-0215-15			1 dose syr.	
Tdap (Adult)	Adacel <i>Sanofi</i>				49281-0400-10			10x1 dose vials	
					49281-0400-15			5x1 dose syr.	
	Boostrix <i>GSK</i>				58160-0842-11			10x1 dose vials	
					58160-0842-52			10x1 dose syr.	
Varicella (Adult)	Varivax <i>Merck</i>				00006-4827-00			10x1 dose vials	

ADDITIONAL DOSES REQUESTED FOR (Please check appropriate box): Disease Outbreak Other _____

Provider/Clinic Name PIN

DELIVERY Check all days and times the facility may receive vaccine. If closed during lunch hour, please specify. ▶

Tuesday From ____ To ____ (Closed for Lunch From: ____ To ____) Thursday From ____ To ____ (Closed for lunch From ____ To ____)
 Wednesday From ____ To ____ (Closed for Lunch From ____ To ____) Friday From ____ To ____ (Closed for lunch From ____ To ____)

