

VACCINES FOR CHILDREN PROGRAM

Pediatric Vaccine Order Form

To ensure the vaccine order is processed as quickly as possible, all sections of this form MUST be completed. Fax the Vaccine Order Form, Vaccine Accountability Form and monthly Temperature Logs to 573.526.5220. All vaccine transfers and wastage should be submitted at the time of the occurrence.

Provider/Clinic Name				PIN
Vaccine	Brand	Unit Shipping Size	Doses Requested	NDC #
DTaP	Daptacel <i>Sanofi</i>	10x1 dose vials		49281-0286-10
	Infanrix <i>GSK</i>	10x1 dose vials		58160-0810-11
		10x1 dose syringes		58160-0810-52
DTaP/IPV	Kinrix <i>GSK</i>	10x1 dose vials		58160-0812-11
		10x1 dose syringes		58160-0812-52
DTaP/Hepatitis B/IPV	Pediarix <i>GSK</i>	10x1 dose syringes		58160-0811-52
DTaP/IPV/Hib	Pentacel <i>Sanofi</i>	5x1 dose vials		49281-0510-05
e-IPV	IPOL <i>Sanofi</i>	10 dose vials		49281-0860-10
Hepatitis A	Vaqta <i>Merck</i>	10x1 dose vials		00006-4831-41
		10x1 dose syringes		00006-4095-02
	Havrix <i>GSK</i>	10x1 dose vials		58160-0825-11
		10x1 dose syringes		58160-0825-52
Hepatitis B	Engerix B <i>GSK</i>	10x1 dose vials		58160-0820-11
		10x1 dose syringes		58160-0820-52
	Recombivax <i>Merck</i>	10x1 dose vials		00006-4981-00
		10x1 dose syringes		00006-4093-02
Hib	PedvaxHIB <i>Merck</i>	10x1 dose vials		00006-4897-00
	ActHIB <i>Sanofi</i>	5x1 dose vials		49281-0545-03
	Hiberix <i>GSK</i>	10x1 dose vials		58160-0818-11
HPV- 9 Valent	Gardasil 9 <i>Merck</i>	10x1 dose syringes		58160-0830-52
Meningococcal Conjugate	Menactra <i>Sanofi</i>	5x1 dose vials		49281-0589-05
	Menveo <i>Novartis</i>	5x1 dose vials		46028-0208-01
Pneumococcal Conjugate	Prevnar 13 <i>Pfizer</i>	10x1 dose syringes		00005-1971-02
Pneumococcal Polysaccharide	Pneumo-23 <i>Merck</i>	1 dose vial		00006-4943-00
Rotavirus	RotaTeq <i>Merck</i>	10x1 dose tubes		00006-4047-41
		25x1 dose tubes		00006-4047-20
	Rotarix <i>GSK</i>	10x1 dose vials		58160-0854-52
Td	Tenivac <i>Sanofi</i>	1 dose vials		49281-0215-10
		1 dose syringe		49281-0215-15
Tdap	Boostrix <i>GSK</i>	10x1 dose vials		58160-0842-11
		10x1 dose syringes		58160-0842-52
	Adacel <i>Sanofi</i>	10x1 dose vials		49281-0400-10
		5x1 dose syringes		49281-0400-15

VACCINES STORED IN THE FREEZER

MMR	MMR-II <i>Merck</i>	10x1 dose vials		00006-4681-00
MMRV	Proquad <i>Merck</i>	10x1 dose vials		00006-4171-00
Varicella	Varivax <i>Merck</i>	10x1 dose vials		00006-4827-00

SPECIAL ORDER VACCINE CONTACT VFC PROGRAM FOR APPROVAL

DT	DT <i>Sanofi</i>	1 dose vial		49281-0225-10
HibMenCY-TT	MenHibrix <i>GSK</i>	1 dose vial		58160-0801-11
Meningococcal Group B	Bexsero <i>Novartis</i>	1 dose syringe		46028-0114-02
		10x1 dose syringes		46028-0114-01
	Trumenba <i>Pfizer</i>	10x1 dose syringes		00005-0100-10

ADDITIONAL DOSES REQUESTED FOR (Please check appropriate box below)

- Back to School
 Disease Outbreak
 Other _____

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 ____)

