



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATIONS
 VACCINES FOR CHILDREN PROGRAM
ADULT VACCINE ORDER AND ACCOUNTABILITY FORM – LPHAS ONLY

930 Wildwood Drive
 Jefferson City, MO 65109
 800.219.3224 • FAX: 573.526.5220

| Vaccine | Brand | Doses in Inventory | Lot # (Attach additional sheets if needed) | Vaccine Expiration Date | Current NDC Numbers | Write 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 | Unavailable |
| | | | | | 00006-4096-02 | | | 10x1 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 | Unavailable |
| | | | | | 00006-4094-02 | | | 10x1 dose syr. | |
| Hepatitis A/B (Adult) | Twinrix <i>GSK</i> | | | | 58160-0815-11 | | | 10x1 dose vials | Unavailable |
| | | | | | 58160-0815-52 | | | 10x1 dose syr. | |
| HPV (Adult) | Gardasil 9 | | | | 00006-4119-03 | | | 10x1 dose vials | |
| Meningococcal Conj. (Adult) | Menactra <i>Sanofi</i> | | | | 49281-0589-05 | | | 5x1 dose vials | |
| | Menveo <i>Novartis</i> | | | | 58160-0955-09 | | | 5x1 dose vials | |
| MMR (Adult) | MMR II <i>Merck</i> | | | | 00006-4681-00 | | | 10x1 dose vials | |
| Pneumococcal Conj. (Adult) | Prevnar13 <i>Pfizer</i> | | | | 00005-1971-02 | | | 10x1 dose syr. | |
| Pneumococcal Poly. (Adult) | Pneumovax 23 <i>Merck</i> | | | | 00006-4943-00 | | | 1 dose vial | |
| Td (Adult) | Tenvirac <i>Sanofi</i> | | | | 49281-0215-10 | | | 1 dose vial | |
| | | | | | 49281-0215-15 | | | 1 dose syr. | |
| | Td Grifols | | | | 13533-0131-01 | | | 1 dose vial | |
| 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 | |
| Zoster (Adult) | Zostavax <i>Merck</i> | | | | 00006-4963-41 | | | 10x1 dose vials | Unavailable |
| Influenza | Fluarix | | | | 58160-0907-52 | | | 10x1 dose syr. | |

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| ACCOUNTABILITY PERIOD | DATE | PIN |
| FROM _____ TO _____ | | |