



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATIONS
 VACCINES FOR CHILDREN PROGRAM
2019-2020 INFLUENZA VACCINE ORDER AND ACCOUNTABILITY FORM

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

This form should only be used to order influenza vaccine by providers who are not using the Vaccine Ordering System (VOS). **VOS users must** place their influenza vaccine orders online. Using VOS will shorten the amount of time it takes to receive your influenza vaccine.

Inventory and doses administered should only be reported once per month and be included with the monthly accountability report. Only providers who are **NOT** using VOS should use this form. Doses in Inventory and doses administered **must** be reported by NDC number and include the vaccine lot number and expiration date.

Order as often as needed, but **only a four-to-six weeks supply**. Orders are allowed based on the vaccine pre-order that was submitted in February/March 2019. Orders may be partially filled depending on vaccine availability. **Partially filled orders** will be **kept on file** until the remainder of the vaccine requested can be shipped. **Please DO NOT** send duplicate orders. **Additional orders** should not be sent until you receive **all** of you initial order.

Influenza NDC numbers change each year and **previous versions** of this form **will not be accepted**. **Ensure your PIN is included on this form.**

ACCOUNTABILITY PERIOD FROM _____ TO _____	PROVIDER/CLINIC NAME	PIN
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Vaccine	Age Information	Brand and Manufacturer	VFC CPT Code	Doses in Inventory	Doses Administered (during accountability period)	Vaccine Expiration Date	NDC Number	Lot # (Attach additional sheets if needed)	Doses Requested
Influenza Preservative-Free Injectable-(Quadrivalent)	Ages 6 through 35 months only	Fluzone (Sanofi) 0.25mL prefilled syringes – 10 per box	90685SL				49281-0519-25		
	Ages 6 months through 18 yrs.	Fluarix (GSK) 0.5mL prefilled syringes – 10 per box	90686SL				58160-0896-52		
		FluLaval (GSK) 0.5mL prefilled syringes – 10 per box	90686SL				19515-0906-52		
		Fluzone (Sanofi) 0.5mL single dose vials – 10 per box	90686SL				49281-0419-10		
		Fluzone (Sanofi) 0.5mL prefilled syringes – 10 per box	90686SL				49281-0419-50		
Influenza Preservative-Free Intranasal-(Quadrivalent)	Healthy children ages 2 through 18 yrs.	FluMist (AstraZeneca) 0.2mL nasal sprayer – 10 per box	90672SL				66019-0306-10		
Influenza Preservative-Free Injectable Cell Cultured-(Quadrivalent)	Ages 4 through 18 yrs.	Flucelvax (Seqiris) 0.5mL prefilled syringes – 10 per box	90674SL				70461-0319-03		