

# Parish Health Unit Vaccine Order Form

|                 |                       |
|-----------------|-----------------------|
| Date submitted: | PIN (state assigned): |
| Facility Name:  |                       |

| Vaccine/Biological                    | Unit Size                                     | Doses Ordered | Additional Information |
|---------------------------------------|---|---------------|------------------------|
| Dt                                    | 1 single dose vial                            |               | NAME AND DOB:          |
| DTaP                                  | 10 single dose vials                          |               |                        |
| DTaP-Hep B-IPV (Pediatrix)            | 10 single dose vials                          |               |                        |
| DTaP-IPV (Kinrix)                     | 5 prefilled syringes                          |               |                        |
| DTaP-IPV-Hib (Pentacel)               | 5 prefilled syringes                          |               |                        |
| Hep A (pediatric)¶                    | 10 single dose vials                          |               |                        |
| Hep A (Adult)*                        | 10 single dose vials                          |               |                        |
| Hep A & B (Adult) Twinrix*            | 10 single dose vials                          |               |                        |
| Hep B (Adult)*                        | 10 single dose vials                          |               |                        |
| Hep B (Infants & Adolescents)         | 10 single dose vials                          |               |                        |
| HiB                                   | 10 single dose vials                          |               |                        |
| HPV (Gardasil)                        | 10 single dose vials                          |               |                        |
| Influenza Preservative free (6-35mos) | 10 prefilled syringes                         |               |                        |
| Influenza (3yrs & older)              | 10 dose vial                                  |               |                        |
| Influenza Intranasal (FluMist)        | 10 prefilled sprayers                         |               |                        |
| IPV                                   | 10 dose vial                                  |               |                        |
| Meningococcal                         | 5 single dose vials                           |               |                        |
| MMR                                   | 10 single dose vials                          |               |                        |
| Pneumococcal (PCV-13)                 | 10 prefilled syringes                         |               |                        |
| Pneumococcal (PPV 23)                 | 5 dose vial                                   |               |                        |
| Rotavirus                             | 10 squeezable tubes                           |               |                        |
| Td (adult)                            | 10 prefilled syringes                         |               |                        |
| Tdap                                  | 10 single dose vials<br>10 prefilled syringes |               |                        |
| Varicella#                            | 10 single dose vials<br>20 dose minimum       |               |                        |

12. Delivery instructions\*\* \_\_\_\_\_

13. Signature \_\_\_\_\_

\* These vaccines/biologicals are not routinely provided to healthcare facilities; provider orders for these products are subject to State Immunization Program approval.

\*\* Days and Hours Your Facility is open.

¶ Hepatitis A vaccine is available to all children 12-23 months and children 2-18 years of age in epidemiologically recognized endemic areas; i.e. Ouachita Parish. Vaccine is available for any child in the state with chronic liver disease and children with clotting factor disorders.

# Product shipped directly from Manufacturer—Allow 15-20 working days for routine delivery.

Fax order to (504) 838-5255

