PHILADELPHIA Department of Public Health	**PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH** **DIVISION OF DISEASE CONTROL** **IMMUNIZATION PROGRAM**	**VACCINES FOR CHILDREN (VFC)** **ORDER FORM**

Telephone number for vaccine order questions: (215) 685-6728 FAX for submitting orders: (215) 238-6939

Date:___/___/_____ PIN#_____ Health Center Name: _____ _Tel#_____

Vaccine	Vaccine Brand Name (Manufacturer)	NDC Number	# Doses Ordered	For PDPH Use Only Doses Issued
DTaP	Infanrix® (GSK) Vials – single-dose 10 pack	58160-0810-11		
DTaP-HepB-IPV	Pediarix® (GSK) Syringes – single-dose 10 pack	58160-0811-52		
DTaP-IPV (for persons 4-6 years)	Kinrix® (GSK) Vials – single-dose 10 pack	58160-0812-11		
Hepatitis A	HAVRIX® (GSK) Vials – single-dose 10 pack	58160-0825-11		
Hepatitis B	Engerix B® (GSK) Vials – single-dose 10 pack	58160-0820-11		
Hib (4-dose)	ActHib® (sanofi pasteur) Vials – single-dose 5 pack	49281-0545-05		
HPV	Gardasil® (Merck) Vials – single-dose 10 pack	00006-4045-41		
MMR	MMRII® (Merck) Vials – single-dose 10 pack	00006-4681-00		
Meningococcal Conjugate (MCV4)	Menactra® (sanofi pasteur) Vials – single-dose 5 pack	49281-0589-05		
Pneumococcal Conjugate (PCV13)	Prevnar13® (Pfizer) Syringes – single-dose 10 pack	0005-1971-02		
Polio (IPV)	IPOL® (sanofi pasteur) Vials – 10-dose multi-dose vial	49281-0860-10		
Rotavirus	RotaTeq® (Merck) Tubes – single-dose 10 pack	00006-4047-41		
Tdap	BOOSTRIX® (GSK) Vials – single-dose 10 pack	58160-0842-11		
Varicella (FROZEN)	Varivax® (Merck) Vials – 10-dose multi-dose vial	00006-4827-00		
Other Vaccine(s) (Td, DT, PPV23, etc.) Subject to Philadelphia VFC approval				

NOTE: Vaccine orders will not be processed without:

1. **The name of your site and the signature of the person responsible for vaccine administration.**
2. **Your FULL current inventory for each vaccine (located on page 2).**
3. **Valid temperature logs for your refrigerator(s) and freezer(s) showing daily temperatures since the time of your last submitted order.**

Signature_____
(Person authorized to order)

Printed name_____

Revised: 2/4/2013

Full Inventory Sheet

(Provide full inventory of every VFC vaccine with every order)

Health Center Name_____

PIN #_____**Date of Inventory**_____

Vaccine	Vaccine Brand Name (Manufacturer)	NDC Number	# Doses on Hand (Inventory)	Lot Number	Expiration Date
DTaP	Infanrix® (GSK) Vials – single-dose 10 pack	58160-0810-11			
DTaP-HepB-IPV	Pediarix® (GSK) Syringes – single-dose 10 pack	58160-0811-52			
DTaP-IPV (for persons 4-6 years)	Kinrix® (GSK) Vials – single-dose 10 pack	58160-0812-11			
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MMR	MMRII® (Merck) Vials – single-dose 10 pack	00006-4681-00			
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Other Vaccine(s) (Td, DT, PPV23, etc.)					

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