

# VFC Flu Order Form

## Philadelphia Immunization Program



Department of  
**Public Health**  
CITY OF PHILADELPHIA  
LIFE • LIBERTY • AND YOU™

**IMPORTANT:** Only use this paper order form if you have not been trained to use the vaccine online ordering system through KIDS Plus IIS. If you have not been trained on that system, please use this form to order VFC flu vaccine.

Office Name		VFC PIN		Office Phone Number	
<b>Days and Hours of Operation</b>	Monday	Tuesday	Wednesday	Thursday	Friday

**INSTRUCTIONS:** Order a 4-to-6-week supply of flu vaccine for your VFC-eligible patients and re-order as needed throughout the season. Anticipate a processing and delivery time of at least 2-weeks for properly submitted orders. PDPH will start shipping vaccine as soon as it becomes available. If PDPH cannot fill your entire order at the same time, partial orders will be delivered until your entire order has been sufficed.

Product	NDC Number	Manufacturer	Eligibility	Type	Number of Doses Ordered	Number of Doses On-hand
FluMist®	66019-0302-10	MedImmune	2 - 18 years	Live attenuated, quadrivalent, Preservative free		
Fluzone®	49281-0515-25	Sanofi Pasteur	6 - 35 months	Inactivated, quadrivalent Preservative free		
Fluzone®	49281-0623-15	Sanofi Pasteur	6 months - 18 years	Inactivated, quadrivalent		
FluLaval®	19515-0898-11	GlaxoSmithKline	3 - 18 years	Inactivated, quadrivalent		

**IMPORTANT:** Vaccine orders require 1) the name and delivery hours of your site and the signature of the person responsible for vaccine ordering, 2) the number of vaccine doses on-hand (your current inventory) for each vaccine ordered, and 3) valid temperature logs for your refrigerator(s) and freezer(s).

Print Name	Today's Date
Signature	

Fax to the  
VFC Program  
**215-238-6939**