

Instructions for Completing PA VFC Pediatric Vaccine Order & Accountability Form

1. Provider Identification Number (PIN #) -- An identifier number assigned by the PA VFC Program used on all orders.

2. *Date* -- Date provider submits the order form to the PA VFC Program

3. Report Period -- The date period corresponds to the EOQ assigned order frequency for example, a monthly report period (5/1/2010 to 5/31/2010).

4. *Provider Name/Address/Phone Number* -- Provider's enrolled name with complete address including area code and phone number.

5. *Completed by* -- A signature is provided by the staff person that completed the order form.

6. Order Frequency -- Indicates the Economic Order Quantity (EOQ) assigned order frequency (i.e., monthly, bimonthly, and quarterly). EOQ "tiers" are assigned based upon an algorithm which is roughly based upon a provider's annual volume of publicly-funded vaccines ordered and provider's available storage capacity. If this area is blank then continue to order as needed.

7. *Vaccine* -- Publicly-funded vaccines available to providers as of January 2010. New vaccines may become available throughout the year and can be written in the area of a similar vaccine or at the bottom of the form under "Other".

8. Doses on hand -- The amount of each publicly-funded vaccine the provider has in the facility. Record the number of doses you have onsite for vaccine as Doses on hand".

9. Expiration Dates(s) -- The expiration date of each publicly-funded vaccine available. The expiration date is the date by which the vaccine should be used. This date is printed on all vaccine vials and boxes.

10. Doses Wasted, Expired, or Transferred -- Vaccines not properly stored, maintained, utilized by a specified date or provided to another facility should be indicated as W-wasted, E-expired, or T-transferred to another PA VFC provider (Please include the VFC PIN # of the site).

11. Doses Administered by Year of Age -- indicated for each publicly-funded vaccine the number of doses administered by age during the reporting period. Document on the PA VFC Pediatric Vaccine Order & Accountability Form the number of doses administered during the reporting period by patient age for each vaccine and provide a total by summing the various ages. If you are enrolled in the PASIIS you do not have to complete this section on the order form.

12. Doses Requested -- Number of public-funded vaccine doses needed for eligible populations for this order. CDC recommends that providers keep five weeks of publicly-funded vaccine safety stock on hand at all times to help ensure that providers don't run out of publicly-funded vaccines before it is time to re-order. Please mark which brand and if you prefer vials or syringes.

Doses requested for each vaccine to be ordered are based upon *doses to be administered, five week safety stock, and doses on hand*.

Pennsylvania VFC Pediatric Vaccine Order & Accountability Form

PIN:

Date: ____/____/____

Report Period: From: ____ To: ____

Completed by: _____

* When available

Phone: ()

Fax: ()

Order Freq:

Fax Order to: (717) 441-3800 or e-mail to: paimmunizations@state.pa.us

Vaccine	Doses on Hand	Expiration Date(s)	Doses Transferred Wasted or Expired	Doses Administered by Year of Age										Doses Requested	
				<1	1	2	3-5	6	7-10	11-12	13-18	TOTAL			
DTaP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												DTaP
				Daptacel – Sanofi: <input type="checkbox"/> vial Infanrix – GSK: <input type="checkbox"/> vial <input type="checkbox"/> syringe											
DTaP-HepB-IPV Pediarix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Pediarix
				Pediarix – GSK: <input type="checkbox"/> syringe											
DTaP-IPV-Hib Pentacel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Pentacel
				Pentacel – Sanofi											
DTaP-IPV Kinrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Kinrix
				Kinrix – GSK: <input type="checkbox"/> vial <input type="checkbox"/> syringe											
HepA-Peds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												HepA-Peds
				Havrix – GSK: <input type="checkbox"/> vial <input type="checkbox"/> syringe Vaqta – Merck: <input type="checkbox"/> vial											
HepB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												HepB
				Engerix – GSK: <input type="checkbox"/> vial <input type="checkbox"/> syringe Recombivax – Merck: <input type="checkbox"/> vial											
HepB-Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												HepB-Hib-Comvax
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Hib
				ActHIB – Sanofi: <input type="checkbox"/> PedvaxHIB – Merck: <input type="checkbox"/> Hiberix – GSK (4 th dose only – 15 mth – 4 yr): <input type="checkbox"/>											
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												HPV
				Gardasil – Merck: <input type="checkbox"/> Male & Female Cervarix – GSK: <input type="checkbox"/> Female only <input type="checkbox"/> vial <input type="checkbox"/> syringe											
Polio IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Polio-IPV
				<input type="checkbox"/> vial <input type="checkbox"/> syringe*											
MCV4 Meningococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												MCV4 – Meningococcal
				Menactra (Age 2-55 years) <input type="checkbox"/> Menveo (Age 2-55 years) <input type="checkbox"/>											
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												MMR
MMR-V ProQuad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												MMR-V – ProQuad
PCV 13 Prenvar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												PCV 13- Pevnar
Pneumo 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Pneumovax 23
				PPV 23 – Age 2 years and over											
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Rotavirus
				Rotateq – Merck: <input type="checkbox"/> Rotarix – GSK: <input type="checkbox"/>											
Td Decavac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Td - Decavac
				Decavac – Sanofi: <input type="checkbox"/> vial <input type="checkbox"/> syringe											
Tdap –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Tdap
				Adacel – Sanofi: <input type="checkbox"/> vial <input type="checkbox"/> syringe Boostrix – GSK: <input type="checkbox"/> vial <input type="checkbox"/> syringe (11-64 years) (10-64 years) (Extended for use 7 to 9 years and over 65 years)											
Varicella Varivax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												Varicella - Varivax
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												OTHER