SAMPLE FORM Q3 & Q4

PENNSYLVANIA VFC PROGRAM QUARTERLY ORDERING SCHEDULE INFORMATION SHEET

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on <u>every</u> refrigerator and freezer in which you keep VFC vaccine. Have all the staff that removes any doses to enter a "tick" mark in the appropriate boxes provided.

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. August 1 to October 31. (Larger practices may need to use a new form every week or even every day. Please use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the PENNSYLVANIA VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. **NOT REQUIRED IF YOUR SITE PARTICIPATES IN SIIS, ONLY COMPLETE THE DOSES REQUIRED COLUMN** At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

Helpful Hint #3: Remember, you must conduct a full inventory and report on all doses administered during the three (3) month period, regardless of what you wish to order.

STEP-BY-STEP INSTRUCTIONS

Step 1

Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEETS(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW. This will MAKE YOUR WORK EASIER!

STEP 2

Complete the top portion of the PENNSYLVANIA VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM including:

- The current date
- The reporting period (**Note:** When ordering, your reporting period is the previous month or months since your last order, see table below for examples)

Ordering Month	Reporting Period
February	November 1 to January 31
May	February 1 to April 30
August	May 1 to July 31
November	August 1 to Oct. 31

Name of your practice

SAMPLE FORM Q3 & Q4

- VFC PIN number
- Delivery address
- Person's name who completed the form
- Office days and hours of operation
- Dates office closed in next 30 days (for order delivery purposes)
- Your assigned order frequency (Quarterly)

STEP 3

Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the PENNSYLVANIA VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. You no longer need to enter lot numbers for your vaccine inventory.

STEP 4

Check if there has been any VFC vaccines wasted during the month, either because the vaccine expired or for other reasons and write it in the appropriate column on your PENNSYLVANIA VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. You must continue to report any VFC vaccine loss and return all wasted and/or expired vaccines.

STEP 5

Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6

Fill in your VFC vaccines requested.

- You need enough vaccines to get you through three (3) months. Remember to
 account for your busy seasons, so do your best to order everything you will
 need. You may want to refer to your Doses Administered Report from last year
 at this time to get a good figure or what you need to order. You will order again
 in May, August, etc...
- Specify the brand of vaccine you want. If you do not specify a brand, the distributor will pick and ship the shortest dated product of that antigen
- If the product is available in pre-filled syringes, you may order that by checking
 off the appropriate box. The pre-filled syringes do not come with needles.
 Neither the distributor nor Pennsylvania VFC will supply needles for the prefilled syringes. You must supply your own.

STEP 7

Send your order to Pennsylvania VFC Program Fax:717-24-7223/ MaxEmail: 717-441-3800 . You may fax the PENNSYLVANIA VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night. If you are unable to fax, you can mail your form to: Pennsylvania VFC Program, 625 Forster Street, Room 1026, Harrisburg, PA 17120. PLEASE DO NOT FAX AND MAIL. This may cause a duplicate order. We will no longer accept phone orders. Once we receive your order, your

SAMPLE FORM Q3 & Q4

vaccine should arrive within ten to twelve (10-12) business days. If you have not received your order during that time, please call 888-646-6864. Varicella vaccine will continue to arrive by courier directly from the manufacturer within 10 - 14 business days.

PLEASE NOTE:

- Throw out all your old order forms and Doses Administered Quarterly Reports. We will no longer be accepting them.
- Fax or mail all your information. We will no longer accept phone orders, except for emergencies.
- Remember, we are not asking for any more information from you than before. We are simply combining the paper work into one form and asking that you report and order vaccines for each three (3) month period during the year.

Helpful phone and fax numbers:

VFC Vaccine Order FAX number: 717-214-7223
VFC Vaccine Order Max Email: 717-441-3800
Forms and procedure questions: Call 888-646-6864