

MnVFC Varicella Vaccine Order Form

Note: MMRV vaccine is currently not available from Merck

<input type="checkbox"/> Check here if new address
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Date	Clinic name	MnVFC PIN		
Delivery address (no PO boxes)		City	Zip Code	
Contact name	Email address	Telephone number	Fax number	
Do not deliver (dates)		(times)	Current freezer temperature	C or F Please circle
Varicella vaccine (Merck) 10 single-dose vials with diluent		Doses in inventory	Doses ordered	
Signature and title (M.D., D.O., N.P., P.A., or R.Ph. only)				

You can order vaccine online or use a paper order form. If using a paper form, be sure to use the most current version from the MnVFC website at www.health.state.mn.us/vfc.

1. Provide delivery instructions

- Describe the most effective delivery point (e.g., "pharmacy," "pediatric clinic-2nd floor," name of nurse in charge).
- Indicate dates/times when vaccine should **NOT** be delivered (e.g., "clinic closed on Fridays").

2. Include the current freezer temperature

- To ensure appropriate storage and handling of all vaccines, we request that you document the CURRENT temperature reading in the freezer EACH time you place an order for varicella vaccine.
- If you are submitting varicella vaccine orders for more than one clinic in your system, you must include each of their freezer temperatures on each order form. Remember to indicate whether they are in Fahrenheit (F) or Celsius (C).
- Orders will be held if this information is not included.

3. Order the right amount of varicella vaccine

- Inventory all varicella vaccine on hand, and note the total in the *Doses in Inventory* box above. Orders will be held if this information is not included.
- Do not order more vaccine than can be administered in four to six weeks.

4. Do not redistribute varicella vaccine

- MnVFC does not allow redistribution or transport of varicella vaccine to satellite sites.
- Varicella vaccine must be directly shipped to the clinic from the manufacturer/distributor.

5. Make sure each order form is signed by a licensed practitioner authorized to procure vaccines/biologicals according to Minnesota Statutes, Section 151.37, (e.g., M.D., D.O., nurse practitioner, physician's assistant, or pharmacist). Include the individual's title. (On the online form, typing in the authorized person's name and title is considered a signature.)

6. Mail (address below) or fax (651-201-5501) the completed order form to the MnVFC program. Do not do both or you may receive double the amount of vaccine you need!

7. New - carefully check vaccine deliveries

Merck has replaced the use of dry ice with frozen gel packs in the shipping packages for Varivax. A number of gel packs are placed in the shipping container to maintain proper temperatures for three (3) days from the shipping date on the packing list. **Immediately upon arrival:**

- Open the shipping container and verify the shipping date; if it has been more than three (3) days, call Merck at 1-800-637-2579.
- Store the vaccine in the FREEZER.

Do you have expired or spoiled MnVFC varicella vaccine?

- You must return ALL nonviable MnVFC vaccine (i.e., expired or spoiled) to McKesson.
- Call MnVFC staff at 651-201-5522 for approval and further instructions.
- Complete and fax the *Returning Nonviable MnVFC Vaccine* form to MDH at 651-201-5501.
- MDH will contact McKesson to coordinate a UPS pick-up within five to seven business days after receiving the form.



MnVFC Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5522, 1-800-657-3970
www.health.state.mn.us/vfc

