

# Pediatric MnVFC Vaccine Order Form (age 18 years and younger)

See instructions on back.

Don't use this form to order vaccine for adults age 19 and older.

Check here if new address

Date:		Clinic name:		MnVFC PIN:		
Delivery address (no PO boxes):			City:		ZIP code:	
Contact name:		Email address:		Telephone number:		
				Fax number:		
Delivery instructions:					Current temperature:	
Do not deliver on these days and times:					Refrigerator	Freezer
					C or F	C or F

Vaccines/biologicals		CPT code	Unit size	Doses in inventory	Doses ordered	Packaging and special notes
<b>DTaP*</b>	Daptacel (SP)	90700	10 doses			10 single-dose vials
	Infanrix (GSK)		10 doses			10 pre-filled syringes
			10 doses			10 single-dose vials
	Tripedia (SP)		10 doses			10 single-dose vials
<b>DTaP-IPV</b> , Kinrix (GSK)		90696	10 doses			10 pre-filled syringes
			10 doses			10 single-dose vials
<b>DTaP-Hep B-IPV</b> , Pediarix (GSK)		90723	10 doses			10 pre-filled syringes
						Booster dose: 4th IPV, 5th DTaP
<b>DTaP-IPV-Hib</b> , Pentacel (SP)		90698	5 doses			5 single-dose vials
<b>DT pediatric</b> (SP)		90702	10 doses			10 single-dose vials, for <7 yrs of age
<b>Hepatitis A</b> Pediatric/adolescent	Havrix (GSK)	90633	10 doses			10 pre-filled syringes
			10 doses			10 single-dose vials
	Vaqta (MRK)		10 doses			10 single-dose vials
<b>Hepatitis B*</b> Pediatric/adolescent	Engerix-B (GSK)	90744	10 doses			10 pre-filled syringes
			10 doses			10 single-dose vials
	Recombivax HB (MRK)		10 doses			10 single-dose vials
<b>Hep B-Hib</b> , Comvax (MRK)		90748	10 doses			10 single-dose vials
<b>Hib*</b>	ActHIB (SP)	90648	5 doses			5 single-dose vials with diluent
	Hiberix (GSK)		10 doses			10 single-dose vials
		PedvaxHIB, (MRK)	90647	10 doses		
<b>HPV</b>	Gardasil, (MRK)	90649	10 doses			10 single-dose vials
	Cervarix (GSK)	90650	5 doses			5 pre-filled syringes
<b>IPV</b> , IPOL (SP)		90713	10 doses			10 dose vials
<b>MMR</b> , MMRII (MRK)		90707	10 doses			10 single-dose vials with diluent
<b>MCV4</b>	Menactra (SP)	90734	5 doses			5 single-dose vials
	Menveo (NOV)		5 doses			5 single-dose vials
<b>PCV13</b> , Prevnar (WY)		90670	10 doses			10 pre-filled syringes
<b>PPV23</b>		Should be used only in certain circumstances. To order PPV23 vaccine, call the MnVFC Program at 651-201-5522.				
<b>Rotavirus*</b>	RotaTeq (MRK)	90680	10 doses			10 individually wrapped 2 ml tubes
			25 doses			25 pack - 1 dose 2 ml tubes
	Rotarix (GSK)	90681	10 doses			10 single-dose vials with diluent
<b>Td</b>		Should be used only in certain circumstances. To order Td vaccine, call the MnVFC Program at 651-201-5522.				
<b>Tdap*</b>	Adacel (SP) Licensed for 11 through 64 yrs of age	90715	5 doses			5 pre-filled syringes
			10 doses			10 single-dose vials
	Boostrix (GSK) Licensed for 10 through 64 yrs of age		10 doses			10 pre-filled syringes
			10 doses			10 single-dose vials

\*Please note: If the product you request is not available, another product will be substituted. If this is not acceptable, please call the MnVFC program at 651-201-5522 or 800-657-3970 before submitting the order.

**Signature and title** (M.D., D.O., N.P., P.A., or R.Ph. only)

**Mail:** Minnesota Dept. of Health  
Minnesota Vaccines for Children Program  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975

**Fax:** 651-201-5501

# Instructions for Completing the Pediatric MnVFC Vaccine Order Form

You can order vaccine either online or with 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](http://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 temperature in the refrigerator and freezer

- To ensure appropriate storage and handling of all vaccines, we request that you document the CURRENT temperature reading in the refrigerator and freezer EACH time you place an order for vaccine.
- Remember to indicate whether temperatures are Fahrenheit (F) or Celsius (C).
- Orders will be held if this information is not included.

## 3. Order the right amount of vaccine

- Inventory all vaccine on hand even if you are not ordering all products at this time. If you redistribute vaccines to satellite sites, include those doses in the totals. Write the total amounts of all vaccines in inventory in the column *Doses in Inventory* on the order form. Orders will be held if this information is not included.
- Submit vaccine orders no more frequently than monthly. More frequent orders will be considered only under certain circumstances; contact the MnVFC program before submitting such an order.
- If you have vaccine that is unlikely to be administered before the expiration date, share or trade it with another MnVFC clinic in your area using the *MnVFC Vaccine Transfer Record* form, available at [www.health.state.mn.us/vfc](http://www.health.state.mn.us/vfc). If you need assistance with this process, call the MnVFC program at 651-201-5522 or 1-800-657-3970.

## 4. Make sure each order form is signed

- Each order form must be 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.

## 5. 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!

## 6. Carefully check vaccine deliveries.

- If vaccine appears to have been damaged in transit from the distributor, contact McKesson at 1-877-TEMP123 (1-877-836-7123) within two hours of receiving it.
- McKesson usually delivers within two business weeks after MDH receives the order. They deliver on Tuesday, Wednesday, Thursday, and possibly Friday if a clinic is open.

Do you have expired or spoiled MnVFC 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, available at [www.health.state.mn.us/vfc](http://www.health.state.mn.us/vfc), 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.

### Vaccine Manufacturer Key:

GSK = GlaxoSmithKline

MBL = Massachusetts Biological Labs

MRK = Merck

NOV = Novartis

SP = sanofi pasteur

WY = Wyeth



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

