

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

See instructions on back.

Check here if new address

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

Vaccines/biologicals	Doses on hand	Lot number	Expiration date (mm/dd/yy)	Doses ordered	Packaging and special notes
DTaP*	Daptacel (SP)				10 single-dose vials
	Infanrix (GSK)				10 pre-filled syringes 10 single-dose vials
DTaP-IPV	Kinrix (GSK)				10 pre-filled syringes
					10 single-dose vials
DTaP-Hep B-IPV	Pediarix (GSK)				10 pre-filled syringes
DTaP-IPV-Hib	Pentacel (SP)				5 single-dose vials
Hepatitis A Pediatric/ adolescent	Havrix (GSK)				10 pre-filled syringes
	Vaqa (MRK)				10 single-dose vials
Hepatitis B* Pediatric/ adolescent	Engerix-B (GSK)				10 pre-filled syringes
	Recombivax HB (MRK)				10 single-dose vials
Hib*	ActHIB (SP)				5 single-dose vials with diluent
	Hiberix (GSK)				10 single-dose vials
	PedvaxHIB (MRK)				10 single-dose vials
HPV	Gardasil 9 (MRK)				10 single-dose vials
IPV	IPOL (SP)				10 dose vials
MenB	Bexsero (NOV)				10 pre-filled syringes
	Trumenba (WY)				1 single-dose syringe 10 pre-filled syringes
MMR	MMRII (MRK)				10 single-dose vials with diluent
MCV4	Menactra (SP)				5 single-dose vials
	Menveo (NOV)				5 single-dose vials
PCV13	Prevnar (WY)				10 pre-filled syringes
Rotavirus*	RotaTeq (MRK)				10 individually wrapped 2 ml tubes
	Rotarix (GSK)				25 pack - 1 dose 2 ml tubes 10 single-dose vials with diluent
Tdap*	Adacel (SP)				5 pre-filled syringes
					10 single-dose vials
	Boostrix (GSK)				10 pre-filled syringes 10 single-dose vials

DT, Hib-MenCY, PPSV23 and Td should only be used in certain circumstances. To order, call the MnVFC program at 651-201-5522.

*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 (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, 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).

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.
- Enter current inventory information for MDH vaccine. This information includes lot number, expiration date, and the number of doses on hand.
 - If you are ordering through MIIC, lot numbers and expiration dates will prepopulate for most vaccines based on previous vaccine shipment information.
 - Lot numbers can contain letters, numbers, and dashes. No other special characters are accepted.
- If you have vaccine that is unlikely to be administered before the expiration date, transfer it to another MnVFC clinic in your area using the *MnVFC Vaccine Transfer Record* form, available on the MnVFC website (www.health.state.mn.us/vfc) under "MnVFC Forms." If you need assistance, call the MnVFC program at 651-201-5522 or 1-800-657-3970.
- Submit vaccine orders no more than once a month. More frequent orders will be considered only under certain circumstances; contact the MnVFC program before submitting such an order.

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.

5. Mail (address on front) 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.

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 on MnVFC Forms (www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html) to MDH at 651-201-5501.
- MDH will contact McKesson to coordinate a UPS pick-up within two weeks after receiving the form.

Vaccine Manufacturer Key:

- GSK = GlaxoSmithKline
- MBL = Massachusetts Biological Labs
- MRK = Merck
- NOV = Novartis
- SP = sanofi pasteur
- WY = Wyeth