

Vaccine Order Form - Uninsured and Underinsured Adults

Use this form if you are eligible for the Uninsured and Underinsured Adult Vaccine (UUAV) program. If you are unsure of your eligibility, contact the UUAV program at 651-201-5522 or 1-800-657-3970. See instructions for completing the form on the back.

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Check here if new address |
|--------------------------|---------------------------|

| Date: | | Site name: | | | MnVFC PIN: | | |
|---|------------------|-------------------|---------------|-----------------|--------------------------------|-----------------------------------|------------------------|
| Delivery address (no PO boxes): | | | | City: | | ZIP: | |
| Contact name: | | | Email: | | Phone: | | |
| Delivery instructions: Do not deliver on these dates and times: | | | | | Current temperature | | |
| | | | | | Refrigerator: C or F | Freezer: C or F | |
| Vaccines/Biologicals | | Doses on hand | Lot number | Expiration date | Doses ordered | Packaging | |
| Hepatitis A | Havrix (GSK) | | | | | 10 pre-filled syringes | |
| | | | | | | 10 single-dose vials | |
| Hepatitis B | Engerix-B (GSK) | | | | | 10 pre-filled syringes | |
| | | | | | | 10 single-dose vials | |
| | Heplisav-B (DVX) | | | | | 5 single-dose syringes | |
| HPV | Gardasil-9 (MRK) | | | | | 10 single-dose vials | |
| MenB | Bexsero (GSK) | | | | | 10 pre-filled syringes | |
| | | | | | | 1 single-dose syringe | |
| | Trumenba (WY) | | | | | 10 pre-filled syringes | |
| MCV4 | Menveo (GSK) | | | | | 5 single-dose vials | |
| | | | | | | 5 single-dose vials | |
| | Menactra (SP) | | | | | 5 single-dose vials | |
| MMR | MMRII (MRK) | | | | | 10 single-dose vials with diluent | |
| PCV13 | Prevnar 13 (WY) | | | | | 10 pre-filled syringes | |
| PPSV23 | Pneumovax (MRK) | | | | | 10 pre-filled syringes | |
| | | | | | | 10 single-dose vials | |
| Td adult | Td Vaccine (GRF) | | | | | 10 single-dose vials | |
| Tdap* | Adacel (SP) | | | | | 10 single-dose vials | |
| | | | | | | 5 single-dose syringes | |
| | Boostrix (GSK) | | | | | | 10 single-dose vials |
| | | | | | | | 10 pre-filled syringes |
| Varicella | Varivax (MRK) | | | | | 10 single-dose vials with diluent | |
| Zoster | Shingrix (GSK) | | | | | 10 single-dose vials with diluent | |
| | | | | | | 1 single-dose vial with diluent | |

*If the product you request is not available, another product will be substituted. If this is not acceptable, please call the UUAV 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): _____

Instructions for Completing the Vaccine Order Form for Uninsured and Underinsured Adults

You can order vaccine online or with a paper order form. If using a paper form, be sure to use the most current version from the [UUAV website](http://www.health.state.mn.us/divs/idepc/immunize/adultvax) (www.health.state.mn.us/divs/idepc/immunize/adultvax).

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 clinic in your area using the *MDH Vaccine Transfer Record* form on [Vaccine Management Forms](http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html) (www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html). If you need assistance, call the UUAV program.
- Submit vaccine orders no more than once per month. More frequent orders will be considered only under certain circumstances; contact the UUAV 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 or fax the completed order form to the UUAV program. Do not do both or you may receive double the amount of vaccine you need!

- UUAV Program
P.O. Box 64975
St. Paul, MN 55164-0975
- Fax: 1-800-311-9194

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 UUAV vaccine?

- You must return all nonviable UUAV vaccine (i.e., expired or spoiled) to McKesson.
- Call UUAV staff at 651-201-5522 for approval and further instructions.
- Complete the *MDH Nonviable Vaccine Form* on [Vaccine Management Forms](http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html) (www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html). Fax it 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:

DVX= Dynavax GRF = Grifols GSK = GlaxoSmithKline MRK = Merck SP = Sanofi Pasteur WY = Wyeth (Pfizer)