

MINNESOTA VACCINES FOR CHILDREN PROGRAM

Creating and Viewing Vaccine Orders

This guide describes how to use the Minnesota Immunization Information Connection (MIIC) to create and view vaccine orders for the Minnesota Vaccines for Children (MnVFC) program and the Uninsured and Underinsured Adult Vaccine (UUAV) program.

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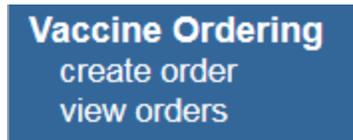
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Getting Started

- 1 Gather all the information needed to place your order, including current vaccine inventory information and refrigerator/freezer temperatures. Note: you cannot save partially completed orders in MIIC.
- 2 Log in to MIIC.
 - A Go to <https://miic.health.state.mn.us>.
 - B Enter your organization code, username, and password. Select **Login**.
 - a Have questions about how to log in to MIIC? Contact the MIIC Help Desk at health.miichelp@state.mn.us or 651-201-5207.
 - b If you have not logged in to MIIC for 60 days or more, your account will be locked. Contact your organization’s MIIC administrator or the MIIC Help Desk to have your account unlocked.

Creating Your Order

- 1 Go to Vaccine Ordering on the left-hand navigation bar and select **create order**.



- 2 Verify contact and shipping information (Step 1).
 - A Enter an email address in the box next to **Email**. MDH will send an order confirmation to this email address.
 - B Check that your shipping and delivery information is correct.
 - a If the information is correct, select **Continue**.
 - b If the information is not correct, select the box next to, “There has been a change to my shipping information.” Then continue with your order. A MnVFC staff member will contact you to update the information before shipping.

Create Order for Test MnVFC **Step 1: Verify Contact and Shipping Information**

Shipping Information		<input type="button" value="Continue"/>
MnVFC Pin	123456	<input type="checkbox"/> There has been a change to my shipping information
Delivery Address	211, Happy Street Test, MN 55555-1111	
Delivery Days/Hours	MO: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TU: 11:00 PM -12:00 AM 7:00 PM -8:00 PM WE: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TH: 11:00 PM -12:00 AM 7:00 PM -8:00 PM FR: 11:00 PM -12:00 AM 7:00 PM -8:00 PM	Special Delivery Instructions <input style="width: 100%;" type="text"/>
Ordered by ALLINA		<input type="button" value="Cancel Order"/>
User	Jen Joe	
Email	<input style="width: 150px;" type="text" value="test@test.email"/>	An order confirmation will be sent to these email addresses.

Note: If at any time you wish to cancel your order, select **Cancel Order**.

- 3 Verify Authorization and Temperatures (Step 2).

CREATING AND VIEWING VACCINE ORDERS

- A Enter your site’s authorization information and current refrigerator/freezer temperatures.
- B Select **Continue** to move to the next step or **Back to Step 1** to return to Step 1.

Create Order for Test MnVFC **Step 2: Verify Authorization and Temperatures**

MnVFC Pin 123456

Name of Licensed Prescribing Professional **Title**

Authorization

I am a licensed practitioner and am authorized to procure vaccine/biologicals according to Minnesota Statutes, Section 151.37, (e.g., M.D., D.O., N.P., P.A., OR R.Ph only).

I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.

Current Refrigerator Temperature F C

Current Freezer Temperature F C

C Note: If your fridge or freezer temperatures are out of range, please contact MDH immediately at 651-201-5522 before continuing with your order.

4 Enter Doses On Hand Information (Step 3).

Before placing your vaccine order, you are required to provide information on your current MDH vaccine inventory. This information includes the quantities of doses on hand, lot numbers, and expiration dates. Lot numbers and expiration dates should prepopulate in MIIC for most MDH vaccine based on previous vaccine shipment information. Note: If a vaccine’s expiration date is highlighted in orange, that vaccine expires in the next 1 to 3 months. If it is highlighted in red, that vaccine expires in 1 month or less.

- A Enter the number of MDH vaccine doses on hand, even if you are not ordering all products at this time.
 - a If you redistribute vaccines to satellite sites, include those doses in the totals.
 - b Note: Influenza vaccine will not display, as it is not necessary to report inventory for influenza vaccine.

Create Order for Test MnVFC **Step 3: Enter Doses on Hand**

MnVFC Pin 123456

Vaccine	Brand	Unit Size and Packaging	Lot Number	Expiration Date	Doses on Hand
MnVFC Pediatric Vaccine					
DTaP	Daptacel - SP	10 single-dose vials	EWIZXFGIDS	06/15/2016	5
DTaP-Hep B-IPV	Pediarix - GSK	10 pre-filled syringes	HTRGLVMOLJ	06/15/2016	5
DTaP-IPV	Kinrix - GSK	10 single-dose vials	VCJDMNAJFT	06/15/2016	5
MnVFC Pediatric Varicella Vaccines					
Varicella	Varivax - MRK	10 single-dose vials with diluent	XSDLAXRXKB	06/15/2016	5

B Manually add inventory that is not automatically displayed (e.g., if your site has received a vaccine transfer from another site). Note: Find detailed information on this step by selecting **Instructions**.

CREATING AND VIEWING VACCINE ORDERS

- a Below Add Vaccine Inventory, enter vaccine program, vaccine type, brand, unit size and packaging, lot number, expiration date, and quantity of doses on hand. Note: Fields display in this order. When you complete a field, the next field will display.
 - Lot numbers can contain letters, numbers, and dashes. No other special characters are accepted.
 - The expiration date field uses the date format “MM/DD/YYYY”. If an expiration date only contains month and year, use the last day of the month for the “DD” portion.
- b Once all fields are complete, select **Add Additional Vaccine**.

Additional Vaccines (for example, vaccines that your site received as a vaccine transfer)
 *Please do not report inventory for influenza vaccines

Add Vaccine Inventory

Vaccine Program: MnVFC Pediatric Vaccines
 Vaccine: DTaP-IPV-Hib
 Brand: Pentacel - SP
 Unit Size and Packaging: 5 single-dose vials
 Lot Number: TestLot123
 Expiration: 06/15/2016
 Doses on Hand: 3

Add Additional Vaccine

c Select **Continue** to move to the next step or **Back to Step 2** to return to Step 2.

5 Order Vaccine (Step 4).

There are separate tabs for each vaccine program. The tabs are labeled **MnVFC Pediatric**, **MnVFC Pediatric Varicella**, and **Adult Un & Underinsured**. You will only see the tabs for programs that your organization participates in currently. You will also see the quantities of doses on hand that you entered in Step 3.

A For each vaccine that you want to order, enter the number of doses you are ordering under **Doses Ordered**.

Create Order for Test MnVFC **Step 4: Order Vaccine**

MnVFC Pin 123456 Preview Order

Please Note: If the product you request is not available, another product will be substituted, if this is NOT acceptable, please check here. Back to Step 3

Cancel Order

MnVFC Pediatric	MnVFC Pediatric Varicella	Adult Un & Underinsured		
DT, Hib-MenCY, PPSV23 and Td should only be used in certain circumstances. To order call the MnVFC Program at 651-201-5522.				
Vaccine	Brand	Doses on Hand	Doses Ordered	Unit Size and Packaging
DTaP	Daptacel - SP	5	20	10 single-dose vials
DTaP	Infanrix - GSK		20	10 single-dose vials
DTaP-Hep B-IPV	Pediarix - GSK	5		10 pre-filled syringes
DTaP-IPV	Kinrix - GSK	5	20	10 single-dose vials

B Select the **Preview Order** button to view your order.

CREATING AND VIEWING VACCINE ORDERS

6 On the Preview Order page, review the list of vaccines you want to order.

Preview Order for Test MnVFC

If the order is final select Submit Order. If changes are necessary select Modify Order.
Once an order is submitted no changes can be made.

Shipping Information	Prescribing Professional Test Order	<input type="button" value="Submit Order"/>
MnVFC Pin 123456	Title M.D.	<input type="button" value="Modify Order"/>
Delivery Address 211, Happy Street Test, MN 55555-1111	I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.	<input type="button" value="Cancel Order"/>
Delivery Days/Hours MO: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TU: 11:00 PM -12:00 AM 7:00 PM -8:00 PM WE: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TH: 11:00 PM -12:00 AM 7:00 PM -8:00 PM FR: 11:00 PM -12:00 AM 7:00 PM -8:00 PM	Refrigerator Temp 40 F Freezer Temp 0 F	

Ordered by ALLINA

User Jen Joe
Email test@test.email

Vaccine Order **Allow approximately 3 weeks for delivery of varicella and 2 weeks for delivery of all other vaccines.**

Vaccine	Brand	Doses on Hand	Doses Ordered	Unit Size and Packaging
MnVFC Pediatric Vaccines				
DTaP	Daptacel - SP	5	20	10 single-dose vials
DTaP	Infanrix - GSK		20	10 single-dose vials
DTaP-IPV	Kinrix - GSK	5	20	10 single-dose vials

A To modify your order, select **Modify Order**. The Modify Order page will display.

Modify Order for Test MnVFC

MnVFC Pin 123456

Please Note: If the product you request is not available, another product will be substituted, if this is NOT acceptable, please check here.

MnVFC Pediatric	MnVFC Pediatric Varicella	Adult Un & Underinsured		
DT, Td and PPSV23 should only be used in certain circumstances. To order call the MnVFC Program at 651-201-5522.				
Vaccine	Brand	Doses on Hand	Doses Ordered	Unit Size and Packaging
DTaP	Daptacel - SP	5	<input type="text" value="20"/>	10 single-dose vials
DTaP	Infanrix - GSK		<input type="text" value=""/>	10 single-dose vials
DTaP-Hep B-IPV	Pediarix - GSK	5	<input type="text" value="20"/>	10 pre-filled syringes
DTaP-IPV	Kinrix - GSK	5	<input type="text" value="20"/>	10 single-dose vials

B If your order is complete, select **Submit Order**.

CREATING AND VIEWING VACCINE ORDERS

- C After you submit an order, an Order Confirmation page will display. This page includes a confirmation number and a list of all vaccines included in your order. MDH will also send an email confirmation to the email address you provided.

Order Confirmation for Test MnVFC

Order Confirmation Number 6583

Your order has been saved and submitted to the state for review/processing.

Shipping Information		Prescribing Professional	Test Order	<input type="button" value="Print Preview"/>
MnVFC Pin	123456	Title	M.D.	<input type="button" value="View Orders"/>
Delivery Address	211, Happy Street Test, MN 55555-1111	I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.		
Delivery Days/Hours	MO: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TU: 11:00 PM -12:00 AM 7:00 PM -8:00 PM WE: 11:00 PM -12:00 AM 7:00 PM -8:00 PM TH: 11:00 PM -12:00 AM 7:00 PM -8:00 PM FR: 11:00 PM -12:00 AM 7:00 PM -8:00 PM	Refrigerator Temp	40 F	
		Freezer Temp	0 F	
Ordered by ALLINA				
User	Jen Joe			
Email	test@test.email			

Vaccine Order Allow approximately 3 weeks for delivery of varicella and 2 weeks for delivery of all other vaccines.

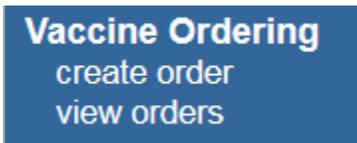
Vaccine	Brand	Doses on Hand	Doses Ordered	Unit Size and Packaging
MnVFC Pediatric Vaccines				
DTaP	Daptacel - SP	5	20	10 single-dose vials
DTaP-Hep B-IPV	Pediarix - GSK	5	20	10 pre-filled syringes
DTaP-IPV	Kinrix - GSK	5	20	10 single-dose vials

- D If you notice a mistake with your order after your order is confirmed, please contact the MnVFC program immediately at 651-201-5522.

Ordering on Behalf of Satellite Sites

This section is for systems that complete vaccine ordering for satellite sites at a central location. The individual completing the order can order for all of the sites using only one username and password.

- 1 Go to Vaccine Ordering on the left-hand navigation bar and select **create order**.



- 2 Select the **create order** link next to the site for which you would like to order.

Create Order **Choose Provider to Order on Behalf of**

Organization Search Criteria

Organization Type:

Search Field:

Search String:

Search Results

MnVFC Pin	MnVFC Name	City	County	Zip	Select
123456	Test Mnvfc	Inver Grove Heights	Washington	55076	Create Order
000196	Testvfc2	Test	Itasca		Create Order

3 Follow steps 2 – 10 in the **Creating Your Order** section above to complete your order for a satellite site.

Viewing and Tracking Your Order

Once your vaccine has shipped, you will receive a shipping confirmation email. To view and track your order in MIIC:

1 Go to Vaccine Ordering on the left-hand navigation bar and choose **view orders**.



2 Select **All** from the Date Filter drop-down. Then select **Search**.

3 Select your vaccine order’s status. Order statuses include:

- Submitted: Your vaccine order is with MDH for review.
- Approved: MDH has approved your vaccine order.
- Sent to Distributor: MDH has sent your vaccine order to our distributor for fulfillment.
- Partially Fulfilled: Part of your vaccine order has shipped.
- Fulfilled: Your entire vaccine order has shipped.

View Orders

Order Search Criteria

Search Field:

Search String:

Date Filter:

Search Results

Order ID	Order By	Order For	User	Submit Date	Status
6583	TESTVFC	Test MnVFC	Jen Joe	01/21/2016	SUBMITTED
6508	MIIC	Test MnVFC	Kristin Hardy	11/10/2015	FULFILLED

4 After selecting your vaccine order’s status, the Order Confirmation page will display. This page includes a confirmation number and a list of all vaccines included in the order.

CREATING AND VIEWING VACCINE ORDERS

View Order for Test MnVFC

Order Number **6508** Print Preview
 Order Date 11/10/2015 View Orders
 Status **FULFILLED**

Shipping Information Special Instructions

MnVFC Pin 123456 **flu only**
 Delivery Address 211, Happy Street Prescribing Professional
 Test, MN 55555-1111 Title

Delivery Days/Hours MO: 11:00 PM -12:00 AM I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.
 7:00 PM -8:00 PM
 TU: 11:00 PM -12:00 AM
 7:00 PM -8:00 PM Refrigerator Temp F
 WE: 11:00 PM -12:00 AM Freezer Temp F
 7:00 PM -8:00 PM
 TH: 11:00 PM -12:00 AM
 7:00 PM -8:00 PM
 FR: 11:00 PM -12:00 AM
 7:00 PM -8:00 PM

Ordered by MIIC
 User Kristin Hardy CC email
 Email kristin.hardy@state.mn.us address Test@test.email

Vaccine Order Allow approximately 3 weeks for delivery of varicella and 2 weeks for delivery of all other vaccines.

Vaccine	Brand	Unit Size and Packaging	Order Qty	Approved Qty	Ship Qty	Ship Date	Ship Status
MnVFC Pediatric Influenza Vaccine							
Influenza - Preservative containing	Fluzone 3+ yrs - SP	10 dose vials, 6 months and older, injectable	100	100	100	11/12/2015	Fully Shipped
Influenza - Preservative free	Fluarix IIV4 3+ yrs - GSK	10 pre-filled syringes, 36 months and older, Inactivated injectable	100	100	100	11/12/2015	Fully Shipped
Adult Un and Underinsured Influenza Vaccine							
Influenza - Preservative free	Fluzone p-free 3+ yrs - SP	10 single-dose vials, 36 months and older, Inactivated injectable	100	100	100	11/12/2015	Fully Shipped

- 5 On this page you can: A) select the order's status in the upper left-hand corner to view shipping information for your whole order, or B) select a vaccine's ship status to view shipping information for that vaccine.
- A Select the order's status to view shipping information for your order.

Shipped Status: **FULFILLED**

Date Shipped: 11/12/2015
 Carrier: FedEx
 Shipment Tracking Number: 370134332045

Date Shipped: 11/12/2015
 Carrier: FedEx;FedEx
 Shipment Tracking Number: 135818669563;135818669511

Date Shipped: 11/12/2015
 Carrier: FedEx
 Shipment Tracking Number: 58519598348

OK

CREATING AND VIEWING VACCINE ORDERS

- B Select a vaccine's ship status to view shipping information for that vaccine.
- a Vaccine shipped statuses include:
- Blank: Your vaccine order has not shipped.
 - Partially Shipped: Part of the vaccine line item has shipped.
 - Fully Shipped: The entire vaccine line item has shipped.
 - Cancelled: This particular vaccine line item was cancelled.

Order form: [Influenza](#)
Vaccine: [Influenza - Preservative containing](#)
Brand: [Fluzone 3+ yrs](#)
Unit Size: [10](#)
Packaging: [10 dose vials, 6 months and older, injectable](#)
Shipped Status: [Fully Shipped](#)

Lot Number: [LSLABOSSLS](#)
Date Shipped: [11/12/2015](#)
Quantity Shipped: [100](#)
Lot Expiration: [06/15/2016](#)
Carrier: [FedEx](#)
Shipment Tracking Number: [370134332045](#)

MIIC Help

For assistance logging in to MIIC, contact the MIIC Help Desk at health.miichelp@state.mn.us or 651-201-5207.

MnVFC Help

For questions related to vaccine orders, contact the MnVFC ordering staff at health.mnvfc@state.mn.us or 651-201-5522/800-657-3970.

Minnesota Department of Health
Minnesota Vaccines for Children program
PO Box 64975, St. Paul, MN 55164-0975
651-201-5522
health.mnvfc@state.mn.us
www.health.state.mn.us



*To obtain this information
in a different format, call:
651-201-5503.*