

## Vaccine Order Form - Vaccines for Children Program

Complete information in boxes one through four. This form should be submitted with the VFC Vaccine Usage Worksheet, the WV Vaccine on Hand Report and the Temperature Log. If PIN number is unknown or assistance is required, call the Immunization Program at (800) 642-3634.

1. Date submitted:	2. VFC PIN (state assigned):
3. Facility name:	

Vaccines	Brand	Manufacturer	Packaged	Doses Ordered
DT* <7yrs old	Pediatric Use	Sanofi Pasteur	1 dose vial	
DTaP <7yrs old	Tripedia	Sanofi Pasteur	10 x 1 dose vial	
DTaP <7yrs old	Daptacel	Sanofi Pasteur	10 x 1 dose vial	
DTaP <7yrs old	Infanrix	GlaxoSmithKline	5 x 1 dose syringe	
DTaP <7yrs old	Infanrix	GlaxoSmithKline	10 x 1 dose vial	
DTAPHBIP	Pediarix	GlaxoSmithKline	10 x 1 dose vial	
DTAPHBIP	Pediarix	GlaxoSmithKline	5 x 1 dose syringe	
DTaPIPHI	Pentacel	Sanofi Pasteur	5 x 1 dose vials	
DTaP/IPV(4-6yrs)	Kinrix	GlaxoSmithKline	5 x 1 dose syringe	
DTaP/IPV(4-6yrs)	Kinrix	GlaxoSmithKline	10 x 1 dose vials	
EIPV	IPOL	Sanofi Pasteur	10 dose vial	
EIPV	IPOL	Sanofi Pasteur	10 x 1 dose syringe	
HEP A	Vaqa	Merck	10 x 1 dose vial	
HEP A	Havrix	GlaxoSmithKline	5 x 1 dose syringe	
HEP A	Havrix	GlaxoSmithKline	10 x 1 dose vial	
HEP B-PF	Recombivax	Merck	10 x 1 dose vial	
HEP B-PF	Engerix	GlaxoSmithKline	5 x 1 dose syringe	
HEP B-PF	Engerix	GlaxoSmithKline	10 x 1 dose vial	
HIB (pediatric)	ActHib	Sanofi Pasteur	5 x 1 dose vial	
HIB (pediatric)	Pedvax	Merck	10 x 1 dose vial	
HPV	Gardasil	Merck	10 x 1 dose vial	
MCV4	Menactra	Sanofi Pasteur	5 x 1 dose vials	
MMR	MMR	Merck	10 x 1 dose vial	
PNEUMO	Pneumovax	Merck	5 dose vial	
PNU 7(pediatric)	Prevnar	Wyeth	10 x 1 dose syringe	
ROTA(6wk-8mo)	Rotarix	GlaxoSmithKline	10 x 1 dose applicator	
ROTA(6wk-8mo)	Rotateq	Merck	10 x 1 dose tube	
TD ≥ 7yrs old	Td adult	MBL (Akorn)	10 x 1 dose vials	
TDAP	Adacel	Sanofi Pasteur	5 x 1 dose syringe	
TDAP	Adacel	Sanofi Pasteur	10 x 1 dose vial	
TDAP	Boostrix	GlaxoSmithKline	5 x 1 dose syringe	
TDAP	Boostrix	GlaxoSmithKline	10 x 1 dose vial	
Varicella	Varivax	Merck	10 x 1 dose vial	

\* Pediatric DT may not be ordered on-line through WVSIIS. If a dose(s) of DT is needed, please contact the Immunization Program by telephone at 1-800-642-3634.

4. Signature: \_\_\_\_\_

Please comment on special circumstances requiring unusually high amounts of vaccine requested on this order:

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Delivery Changes: \_\_\_\_\_