

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	Unit Size	Doses Ordered
DT* <7yrs old	Pediatric Use	Sanofi Pasteur	1 dose vial	1	
DTaP <7yrs old	Tripedia	Sanofi Pasteur	10 x 1 dose vial	10	
DTaP <7yrs old	Daptacel	Sanofi Pasteur	10 x 1 dose vial	10	
DTaP <7yrs old	Infanrix	GlaxoSmithKline	5 x 1 dose syringe	5	
DTaP <7yrs old	Infanrix	GlaxoSmithKline	10 x 1 dose vial	10	
DTAPHBIP	Pediarix	GlaxoSmithKline	10 x 1 dose vial	10	
DTAPHBIP	Pediarix	GlaxoSmithKline	5 x 1 dose syringe	5	
EIPV	IPOL	Sanofi Pasteur	10 dose vial	10	
EIPV	IPOL	Sanofi Pasteur	10 x 1 dose syringe	10	
Flu (.5 ml)					
Flu-PF(6-35 mo.)	Fluzone	Sanofi Pasteur	10 x 1 (.25 ml) dose syringe	10	
HEP A	Vaqta	Merck	10 x 1 dose vial	10	
HEP A	Havrix	GlaxoSmithKline	5 x 1 dose syringe	5	
HEP A	Havrix	GlaxoSmithKline	10 x 1 dose vial	10	
HEP B-PF	Recombivax	Merck	10 x 1 dose vial	10	
HEP B-PF	Engerix	GlaxoSmithKline	5 x 1 dose syringe	5	
HEP B-PF	Engerix	GlaxoSmithKline	10 x 1 dose vial	10	
HIB (pediatric)	ActHib	Sanofi Pasteur	5 x 1 dose vial	5	
HIB (pediatric)	Pedvax	Merck	10 x 1 dose vial	10	
HPV	Gardasil	Merck	10 x 1 dose vial	10	
MCV4	Menactra	Sanofi Pasteur	5 x 1 dose vials	5	
MMR	MMR	Merck	10 x 1 dose vial	10	
PNEUMO	Pneumovax	Merck	5 dose vial	5	
PNU 7(pediatric)	Prevnar	Wyeth	10 x 1 dose syringe	10	
ROTA(6-32 wks)	Rotateq	Merck	10 x 1 dose tube	10	
TD ≥ 7yrs old	Td adult	Henry Schein	15 dose vial	15	
TDAP	Adacel	Sanofi Pasteur	10 x 1 dose vial	10	
TDAP	Boostrix	GlaxoSmithKline	5 x 1 dose syringe	5	
TDAP	Boostrix	GlaxoSmithKline	10 x 1 dose vial	10	
Varicella	Varivax	Merck	10 x 1 dose vial	10	

* 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:

Delivery Changes: _____
