



VACCINE ORDER FORM

Fax to (08) 8226 6453 or (08) 8226 6449

PROVIDER DETAILS (Please complete all Sections)			Hours of Opening (for delivery):
Customer ID Number	Organisation:	Name of Medical Practitioner: (applicable to General Practice only)	
Delivery Address:			
Telephone:	Fax:	Name of person placing order:	Date Order Placed

COLD CHAIN DECLARATION			
Have you had a vaccine Cold Chain Breach (CCB) since your last delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the CCB been reported to Immunisation Section?	Yes <input type="checkbox"/> No <input type="checkbox"/>

To reduce potential wastage please remember to order what will be required for the fortnight. eg. Replace what you have used in the past fortnight + 10%

*NIP = National Immunisation Program – General Vaccine Ordering. **NARI = New Arrival Refugee Immunisation Program – NARI Contractors ONLY

	Count and record the vaccine doses currently in fridge	VACCINE ORDER			Doses to be supplied	
					*NIP	**NARI
CHILDHOOD SCHEDULE		HB Vax II Paed	Hepatitis B Paediatric	At Risk Clients ONLY		
		Hiberix	Haemophilus Influenza	12 months		
		Infanrix Hexa	DTPa/IPV/HIB/HepB combined vaccine	2, 4 & 6 months		
		Infanrix/IPV	DTPa/IPV combined vaccine	4 year old		
		IPV	Inactivated Polio	Contact VDC Prior to Ordering		
		Neis Vac C	Meningococcal C	12 months		
		Pneumovax 23vPPV	Pneumococcal	Boosters for Indigenous and MAR Children		
		Prevenar 13	Pneumococcal	2, 4 & 6 months		
		Priorix	MMR – Measles, Mumps & Rubella	12 months & 4 years		
		Rota Teq	Rotavirus	2, 4 & 6 months		
		VAQTA	Hepatitis A	Indigenous Children		
		Varivax/Varilrix	Varicella	18 months		
SCHOOL PROGRAM		Boostrix	Diphtheria, Tetanus & Pertussis Booster	School Program SBIP Providers ONLY		
		Gardasil	Human Papillomavirus	School Program SBIP Providers ONLY		
		HB Vax II Adult	Hepatitis B Adult	School Program SBIP Providers ONLY		
		Varivax/Varilrix	Varicella	School Program SBIP Providers ONLY		
ADULT + SEASONAL FLU PROGRAM		Seasonal Influenza		65 yrs+		
		* NB Children less than 3 years require Paediatric formulation. These can only be ordered through contacting 1300 232 272 to discuss your requirements		Indigenous 15 yrs+		
				Pregnant Women		
				Medical at Risk 6 mths* – 64 yrs		
		HB Vax II Adult	Hepatitis B Adult	At Risk Clients ONLY		
	Pneumovax 23vPPV	Pneumococcal	65yrs+			
	Other (Please specify)					
HOSPITALS ONLY		HB Vax II Paed	Hepatitis B Paediatric	Birth Dose		

EXPIRED STOCK (complete details for expired stock – remove from packaging & discard into sharps container)					
Vaccine	Expiry Date	Number of Doses	Vaccine	Expiry Date	Number of Doses

Your vaccines will arrive on your next scheduled fortnightly delivery day. Please refer to your delivery schedule.
If you have any problems please phone (08)7425 7139.