



2009 Influenza A (H1N1) Monovalent Vaccine Order Form

Before placing your order, assess storage capacity and realistic expectations for use. Boxes of supplies to administer the selected vaccine will arrive the day before or day of the shipment (supplies may include, as needed: patient immunization card, syringes, needles, alcohol swabs, sharps container).

Please print or type (all fields required):

H1N1 or VFC PIN #:	
Date of Order:	
Clinic/Physician Name:	
Contact Person:	
Phone:	

Please indicate the number of doses you would like to order of each presentation listed below. Please note that in order to have the vaccine shipped directly to you from McKesson, the MINIMUM order per presentation is 100 doses. Orders must be placed in increments of 100 doses (100, 200, 300, etc.).

For orders less than 100 doses, please indicate the number of doses needed and your health department will work with you to meet your needs.

Please keep in mind - boxes of 100 prefilled syringes are considerably larger than boxes of 100 multi-dose vial boxes (10 prefilled syringes in 10 boxes vs 1 vial in 10 boxes)!

Live Attenuated Influenza Vaccine (LAIV – FluMist®)	LAIV is a nasal spray, for persons 2 years – 49 years, not pregnant	_____ Doses
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Injectable Vaccines	Age Range of Recipients (Brands selected will be licensed for the designated age categories)			
	18 years or older (all available brands)	4 years – 17+ years (Novartis or Sanofi)	36 – 47 months (Sanofi Pasteur only)	6 – 35 months (Sanofi Pasteur only)
Multi-dose 5 mL vial (MDV)	_____ Doses	_____ Doses	_____ Doses (Sanofi Pasteur MDV only, licensed ≥ 6 months)	
Preservative-free Prefilled Syringe (PFS)	_____ Doses	_____ Doses	_____ Doses (0.5 mL only)	_____ Doses (0.25 mL only)

Fax this form to your local health department.

FAX #: _____