

Packing Slip

This is not an invoice

Ship-to:

CORSICANA NAVARRO CO PHD
 618 N MAIN
 CORSICANA, TX 75110
 (903) 874-6711

Awardee:

TEXAS DEPT OF HEALTH
 IMMUNIZATION PROGRAM
 1100 WEST 49TH STREET
 AUSTIN, TX 78756
 (512) 458-7111

Provider PIN: TXA030003
Delivery Number: 201186744
Quality Check Date: 09/24/2013
Customer Contact: EMILY CARROLL

Internal use only



201186744

NDC	Customer P.O.	Material Description Manufacturer	MFR Lot#	Exp. Date	VFC Doses	317 Doses	State Doses	CHIP Doses	Order Qty	Ship Qty	Unit Price	Extended Price
49281-0400-15	0503965322	TDAP; SYR; 5-pack SANOFI PASTEUR INC	U3049AA	12/30/2014	25	20	5	0	50	50	\$30.41	\$1,520.50
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	AFLUA239CA	12/30/2014					50	50		
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	CCB060283	12/31/2014					50	50		
					40	30	15	15	100	100	\$10.93	\$1,093.00
Total									250	250		\$2,613.50

This vaccine was purchased with public (state, local, and/or federal) funds and may be administered only to patients eligible to receive publically-funded vaccine.

If you have questions about your order, or to retrieve a pedigree document for Rx product received on this packing list, please contact your Immunization Program for assistance.

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Ship-to: CORSICANA NAVARRO CO PHD

Awardee: TEXAS DEPT OF HEALTH

Provider PIN:	TXA030003
Delivery Number:	201186744
Customer Contact:	EMILY CARROLL

VFC Doses - Federally funded vaccine - Vaccines For Children Program - Only children 0-18 years of age, Uninsured, Medicaid, Underinsured* or American Indian or Alaskan Native are eligible.

317 Doses - Federally funded vaccine - administer only to patients eligible to receive.

State Doses - State and Local funded vaccine - administer only to patients eligible to receive.

CHIP Doses - Separate Children's Health Insurance Program - administer only to patients eligible to receive.

For questions about patient eligibility please contact your Immunization Program for assistance.

*A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccine (eligible for non-covered vaccines only). VFC vaccine is eligible only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

*****IMPORTANT*****

Never reject vaccine delivery or discard vaccine shipments without first contacting your state/local immunization program.

Please carefully review this Packing Slip to make sure doses shipped match information stated on the slip.

SHIPMENT DISCREPANCIES - If an excess or shortage is noted, please contact your state/local immunization program listed above under "Awardee." Your state/local immunization program will work with McKesson to correct the issue.

Please have the following information ready when you call your state/local immunization program.

- Product name and description, Item NDC#, Excess or shortage amount, Delivery Number, Provider PIN #