

**PROVIDER REQUEST FOR CHILDHOOD VACCINE
SEASONAL INFLUENZA VACCINE 2011-2012**

Fax or Email Completed Request To:
Thurston County Public Health and Social Services
Fax: 360.867.2608 Email: remym@co.thurston.wa.us
Telephone: 360.867.2524

Provider PIN#:

SHIP TO:			DATE ORDERED:				
SHIPPING ADDRESS:			Check If Any Shipping Changes <input type="checkbox"/>				
CITY:	ZIP:	CONTACT:					
TELEPHONE:			FAX:				
DELIVERY TIMES: Please specify all days and hours your clinic is available to receive vaccine. (e.g., 9AM-3PM)			<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Special Shipping Instructions (e.g., Closed for lunch 12-1):							
Vaccine	Description / Guidelines for Use	MUST COMPLETE ALL FIELDS BELOW*					
		Doses Used Last Month	Doses On Hand	Minimum Order (Doses)	Number of Doses Ordered		
Influenza	Fluzone ® - Preservative free, 10x1 single dose pre-filled syringe (0.25mL) sanofi-pasteur 6 months of age up to the 3 rd birthday			10			
Influenza	Fluzone ® - Multi-dose vial (5.0mL) sanofi-pasteur 3 years of age up to the 19 th birthday			10			
Influenza	FluMist ® - Preservative Free, 10x1 single dose intranasal spray (0.2mL) MedImmune 2 years of age up to the 19 th birthday			10			
Influenza	Fluvirin ® - Preservative Free, 10x1 single dose syringe (0.5mL) Novartis 4 years of age up to the 19 th birthday Due to limited supply, must be prioritized for pregnant adolescents			10			

*Doses used last month and doses on hand for each vaccine, including vaccines not ordered, are required with every order

For more information, see Immunization Guidelines for the Use of State-Supplied Vaccines at:
<http://www.doh.wa.gov/cfh/Immunize/documents/vacusage.pdf>

Manufacturer Quality Control Office Telephone Numbers:

- sanofi pasteur, 800-822-2463, www.sanofipasteur.us
- MedImmune, 877-358-6478, www.medimmune.com
- Novartis, 800-244-7668, www.novartisvaccines.com

LHJ Use Only			DOH Use Only	
Order Number:	Order Entered / Approved By: _____	Order Entry Date: _____		