

## PROVIDER REQUEST FOR CHILDHOOD VACCINE

Provider PIN#:

Fax or Email Completed Request To: Thurston County Public Health and Social Services

Fax: 360.867.2608 Email: [remym@co.thurston.wa.us](mailto:remym@co.thurston.wa.us)

Telephone: 360.867.2524

<b>SHIP TO:</b>		<b>DATE ORDERED:</b>				
<b>SHIPPING ADDRESS:</b>		Check If Any Shipping Changes <input type="checkbox"/>				
<b>CONTACT:</b>						
<b>TELEPHONE:</b>		<b>FAX:</b>				
<b>DELIVERY TIMES:</b> Please specify all days and hours your clinic is available to receive vaccine. (e.g., 9AM-3PM)		<input type="checkbox"/> <b>Monday</b>	<input type="checkbox"/> <b>Tuesday</b>	<input type="checkbox"/> <b>Wednesday</b>	<input type="checkbox"/> <b>Thursday</b>	<input type="checkbox"/> <b>Friday</b>
<b>Special Shipping Instructions:</b>						
<b>BRANDS ARE LINKED TO PROVIDERS IN THE VACCINE ORDERING SYSTEM. PLEASE ORDER ONE PRODUCT PER VACCINE TYPE.</b>						
Vaccine	Description	MUST COMPLETE ALL FIELDS				
		Doses Used Last Month	Doses On Hand	Number of Doses Ordered		
DT	Diphtheria & Tetanus					
DTaP	Diphtheria & tetanus toxoids & acellular pertussis vaccine (Daptacel / Infanrix)					
DTaP – Hep B – IPV	<b>Pediarix:</b> Diphtheria & tetanus toxoids and acellular pertussis, Hepatitis B, and IPV combination vaccine					
DTaP – IPV – Hib	<b>Pentacel:</b> Diphtheria & tetanus toxoids and acellular pertussis, IPV, and <i>Haemophilus influenzae</i> type b Conjugate combination vaccine					
DTaP-IPV	<b>Kinrix:</b> Diphtheria & tetanus toxoids and acellular pertussis, IPV					
Hep A	Hepatitis A Pediatric/Adolescent (Havrix / VAQTA)					
Hep B	Hepatitis B Pediatric/Adolescent (Engerix B / Recombivax)					
Hep B - Hib	<b>Comvax:</b> Hepatitis B Pediatric/Adolescent and <i>Haemophilus influenzae</i> type b Conjugate					
Hib	<i>Haemophilus influenzae</i> type b Conjugate (ActHIB / PedvaxHIB)					
HPV	Human Papillomavirus vaccine (Cervarix / Gardasil)					
IPV	Inactivated Poliovirus vaccine (IPOL)					
MCV	Meningococcal (Groups A, C, Y & W-135) Conjugate vaccine (Menactra / Menveo)					
MMR	Measles, Mumps, and Rubella combination vaccine (MMRII)					
PCV	Pneumococcal Conjugate 13-valent (Prevnar)					
PPSV	Pneumococcal polysaccharide vaccine (Special Circumstances Only) (Pneumovax 23)					
Rota	Rotavirus (Rotarix / RotaTeq)					
Td	Tetanus & diphtheria toxoids adsorbed (Decavac / Td)					
Tdap	Tetanus & diphtheria toxoids and acellular pertussis vaccine (Adacel / Boostrix)					
Varicella	Varicella vaccine ( <b>Freezer Storage Only</b> ) (Varivax)					

\*See Back Page for ordering guidelines.

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

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