Vaccine Management Unit

Vaccine Order Form

It is essential that this vaccine order is faxed or emailed to the Vaccine Management Unit
**at least** **2 working days** prior to your next scheduled delivery. **Urgent orders may take up to 5 business days for delivery.**

Immunisation providers are encouraged to **keep vaccine stocks to a minimum** by ordering only the amount of vaccines required for the period **until the next scheduled delivery**. As a guide – note the number of vaccines used over the last month, plus 10%, then take away the amount of stock on hand.

**Practice / Clinic:**

**Urgent Delivery** ❑ **Reason**

**Scheduled Delivery Date:** \_\_\_\_ /\_\_\_\_/\_\_\_\_

**Address:**

**Telephone No:**

| **Vaccine** | **Current Stock Numbers** | **Doses Required** |
| --- | --- | --- |
| **Act-HIB®** (Hib) |  |  |
| **Adacel® / Boostrix®** (dTpa) ***Adolescent*** |  |  |
| **Adacel® / Boostrix®** (dTpa) ***Antenatal*** from 20 weeks’ gestation or as soon as possible after this. Can be given up to delivery  |  |  |
| **Infanrix® / Tripacel®** (DTPa) |  |  |
| **Infanrix®-Hexa** (DTPa, Hib, Polio, Hep B) |  |  |
| **Infanrix®-IPV / Quadracel®** (DTPa & Polio) |  |  |
| **IPOL** ®(IPV) |  |  |
| **Neisvac-C®** (MenCCV) |  |  |
| **Nimenrix®** (Meningococcal ACWY) |  |  |
| **Pneumovax 23®** (Pneumococcal) |  |  |
| **Prevenar 13® *(Paediatric) (***Pneumococcal) |  |  |
| **Prevenar 13® *(Adult)*** (Pneumococcal) |  |  |
| **Priorix® or MMR®II** (MMR) |  |  |
| **Priorix Tetra® / Proquad®** (MMRV) |  |  |
| **Rotarix®** (Rotavirus) |  |  |
| **Varilirix® / Varivax** (Varicella) |  |  |
| **Zostavax®** (Herpes Zoster) |  |  |
| **Other:** |  |  |

***Please turn over for influenza, HPV, meningococcal B and hepatitis B vaccine orders.***

**Influenza Vaccine Orders (please note advice below)**

|  |  |  |
| --- | --- | --- |
| **Vaccine** | **Current Stock Numbers** | **Doses Required** |
| **Influenza - 6 months to <5 years** |  |  |
| **Influenza - 5 years to 64 years** |  |  |
| **Influenza - 65 years and over** |  |  |

**~ Before you administer an influenza vaccine check your patient’s age and check that you have the correct vaccine. The packaging and syringe have the age groups written on them ~**

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| **HPV Orders** |
| *Please use the HPV order form available from the Vaccine Management Unit or Website*<https://www.health.act.gov.au/services/immunisation> |

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| **Men B (Bexsero) Orders** |
| *Please use the Men B order form available from the Vaccine Management Unit or Website*<https://www.health.act.gov.au/services/immunisation> |

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| **HEP B** |
| *Please use the Hep B order form available from the Vaccine Management Unit or Website*<https://www.health.act.gov.au/services/immunisation> |

**Return form to Vaccine Management Unit by
Email:** **immunisation@act.gov.au** **(with Practice Name in subject) or Fax: 5124 9307**

I agree that:

* All vaccines will be stored in accordance with the National Vaccine Storage Guidelines “Strive for 5”.
* Any temperature breaches outside of the recommended range of +2 to +8°C will be immediately notified to the Health Protection Service.
* All funded vaccines will only be administered to eligible persons. (National Immunisation Program or ACT Government Program)
* Data on recipients of influenza vaccine will be faxed to HPS fortnightly.
* All vaccines administered will be recorded on the Australian Immunisation Register.

Signature: Date: \_\_\_/\_\_\_/\_\_\_

**(signature of staff member ordering vaccines)**