

North Carolina Department of Health and Human Services  
Division of Public Health

**VACCINE REQUISITION/INVENTORY FORM**

Incomplete order forms will not be processed timely and may result in DELAYS in your vaccine shipment.

Call 1-877-873-6247 to place your order by phone or fax completed form to 1-800-544-3058.

FACILITY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

FACILITY STREET ADDRESS \_\_\_\_\_ PROVIDER FED ID# \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EXT \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

\*\*\*Is your office scheduled to be closed any time during the next 30 days? Yes/No (circle one). If yes, give dates and time.

Clinic Hours \_\_\_\_\_ Hours the office is closed for lunch? \_\_\_\_\_

1. What was the temperature of your refrigerator this morning? \_\_\_\_ ° Celsius (C) or \_\_\_\_ ° Fahrenheit (F)

2. What was the temperature of your freezer this morning? \_\_\_\_ ° C or \_\_\_\_ ° F (For sites carrying Varicella/MMR)

Total Monthly Vaccine Usage	Monthly Usage Xs 3	Doses on Hand	VACCINE	Current Packaging	Doses Requested (Three-month usage minus Doses on Hand)
			<b>DT Pediatric</b> ~ Children < 7 yrs of age ( <i>Limit one pack per facility, if needed</i> )	2 dose pk/ vial	
			<b>DTaP</b>	10 dose pk/ vial	
			<b>DTaP/Hepatitis B/eIPV Combination</b> ~ <b>Pediarix™</b> ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pack/ vial or syringe	
			<b>DTaP/eIPV Combination</b> ~ <b>Kinrix™</b> ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pack/ vial or syringe	
			<b>DTaP/eIPV/HIB Combination</b> ~ <b>Pentacel®</b>	5 dose pk/ vial	
			<b>eIPV</b>	10 dose vial or 10 pack syringe	
			<b>Hepatitis A</b> for Pediatrics ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pk/ vial or syringe	Havrix® (syr) VAQTA® (vial)
			<b>Hepatitis B</b> for Pediatrics (Circle brand & presentation desired)	10 dose pk vial or 5 dose pk syringe	EngerixB® Recombivax B®
			<b>Hib</b> ( <i>Hiberix® available for booster dose ONLY</i> )	5 dose pack/ vial	ActHIB® Hiberix®
			<b>HPV</b> ~ Gardasil™ - ( <i>Available for VFC eligible 9 to 18 yr old females ~RECOMMENDED for 11 to 12 yr old VFC eligible females ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pack/ vial	
			<b>Meningococcal</b> ~ <b>MCV4 - Menactra™</b> ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	5 dose pack/ vial	
			<b>MMR</b>	10 dose pk/ vial	
			<b>PCV7</b> ~ Pneumococcal Conjugate 7-Valent ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pack/ syringe	
			<b>PPV23</b> ~ Pneumococcal Polysaccharide 23-valent ( <i>Available for high-risk children, ages 2 yrs to 18 yrs. See most recent UCVPD Coverage Criteria</i> )	5 dose vial	
			<b>Rotavirus</b> ~ Oral Rotavirus vaccine ( <i>Available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pack/ oral	Rotateq® Rotarix®
			<b>Td Adult</b> ( <i>Children 7 yrs through 18 yrs. See most recent UCVPD Coverage Criteria</i> ) (Circle brand & presentation desired)	10 dose pack/ vial or syringe	Td-Mass
			<b>Tdap</b> ( <i>Available only for VFC eligible patients unless required for 6<sup>th</sup> grade requirement ~ See most recent UCVPD Coverage Criteria</i> )	10 dose pk vial or syringe	ADACEL® Boostrix®
			<b>Varicella</b> ( <i>Second doses available only for VFC eligible patients ~ See most recent UCVPD Coverage Criteria</i> ) <i>Must be stored at -15° C (5° F) or colder at all times.</i>	10 dose pack/ vial	
			<b>2009-2010 Fluzone®</b> ~ .5 mL single dose vials, T Free	10 dose pk/ vial	No longer available
			<b>2009-2010 Fluzone®</b> ~ 5mL vial ( <i>Available for use in patients 6 months and up</i> )	10 dose vial	
			<b>2009-2010 Fluvirin®</b> ~ 5mL vial	10 dose vial	No longer available
			<b>2009-2010 Fluvirin®</b> ~ .5mL syringes, T Free	10 dose pack	No longer available
			<b>2009-2010 Fluzone®</b> ~ .25 mL single dose syringes, T Free	10 dose pack	No longer available
			<b>2009-2010 Fluzone®</b> ~ .5 mL single dose syringes, T Free ( <i>Available for use in patients 36 months and up.</i> )	10 dose pack syringe	
			<b>2009-2010 FluMist®</b> ~ T Free ( <i>Avail for healthy persons 2 yrs through 49 yrs of age.</i> )	10 dose pack sprayer	

DHHS 1227 (REVISED 08/09) IMMUNIZATION (REVIEW 04/10)

By Federal law, a current Vaccine Information Statement must be given prior to administration of the vaccine, and it must be given out each time the vaccine is given.

**Purpose:** To request vaccine orders from the Universal Childhood Vaccine Distribution Program

**Preparation:** Complete original and retain one copy for your records

**Distribution:** Vaccine orders may be telephoned, faxed, or mailed to:

Phone: 1-877-873-6247  
Fax: 1-800-544-3058

Immunization Branch  
1917 Mail Service Center  
Raleigh, North Carolina 27699-1917

***If an order is faxed or telephoned, do not mail the order.*** Additional forms may be ordered from the above office.

**Disposition:** This requisition form may be destroyed upon the receipt of the vaccine order.

**How to use this form:**

1. Review your doses administered data by taking the following steps:
  - a. 1. Total all doses administered from the previous month for each vaccine type.
  2. Compare to last year's doses administered data for the future three months. (i.e. if you are placing an order in May, review April from this year and May, June, July from the previous year.)
  3. Enter the highest of the 4 monthly doses administered in **Total Monthly Vaccine Usage** column.
- b. Multiply **Monthly Usage** column by three to determine the **Three-Month Usage** column.
2. Inventory current stock.
  - a. Rotate stock to ensure vaccines with the shortest expiration dates are used first.
  - b. Enter inventory amounts in the **Doses on Hand** column.
3. Complete your vaccine order:
  - a. Subtract **Doses on Hand** column from the **Three-Month Usage** column.
  - b. Enter the difference in the **Doses Requested** column. Round up to the package size.
  - c. Call **or** fax your order to the Customer Service staff.

**SPECIAL NOTES FOR HANDLING AND STORAGE OF VACCINES**

- ◆ DTaP, DT Ped, EIPV, Hep B, Hepatitis A – Hepatitis B Adult, Hib, HPV, IG, Td Adult, Influenza, Pneumococcal Conjugate 7-valent (PCV7), Tdap, Hepatitis A Peds, Rotavirus, FluMist, Pneumococcal Polysaccharide 23-valent (PPV23), and the DTaP combination vaccines should be refrigerated between 36° F to 46° F (2° C to 8° C) with an optimum temperature of 40° F (5° C).
- ◆ **Never expose refrigerated vaccine to temperatures below 36°F (2° C).**
- ◆ Varicella must be stored at 5°F (-15°C) or colder at all times in a freezer with a separate sealed freezer door. Store Varicella at an optimum temperature of **0°F (-20°F)** at all times.
- ◆ Store MMR with Varicella. Storing your MMR vaccine in the freezer with your frozen vaccines significantly increases the viability status of the MMR vaccine should you have a power outage or refrigerator malfunction.
- ◆ Rotate your stock weekly to ensure vaccines with the shortest expiration dates are used first.
- ◆ Never return viable vaccine to UCVDP.
- ◆ Fill empty space in the refrigerator with jugs of water and line your freezer with gel packs to maintain temperature in the event of a power outage or refrigerator malfunction.
- ◆ Store refrigerated vaccines on the middle shelf with a thermometer.
- ◆ Never store vaccine in the door of the refrigerator or freezer.
- ◆ Maintain a temperature log for the refrigerator and freezer and monitor twice a day – morning and evening.
- ◆ Notify by either fax or phone if you have transferred vaccine to another provider/health department.

**Your doses administered data is due to the Immunization Branch by the 10<sup>th</sup> of every month.**