AHS - NJVFC
9370 McKnight Road, 300 Arcadia Court
Pittsburgh, PA 15237
1-877-900-4VFC (877-900-4832) OR 412-366-1577 (FAX)
412-367-3030 X 2030 (PHONE) OR E-MAIL ORDERS TO njvfc@Automated-Health.com

VACCINES FOR CHILDREN PROGRAM
VACCINE ORDER

Date Submitted	Provider ID No. (State Assigned Only)	Name of Facility/Physician	Telephone Number
	_ _ -		( )

Vaccine/ Biological	Brand Choice	Unit Size	Doses Ordered	Inventory Balance	Expired/Wasted/Transferred Vaccine (Codes: E=Expired, W=Wasted, T=Transferred)			Vaccine/ Biological	Brand Choice	Unit Size	Doses Ordered	Inventory Balance	Expired/Wasted/Transferred Vaccine (Codes: E=Expired, W=Wasted, T=Transferred)		
					Lot Number	Doses	Code						Lot Number	Doses	Code
DTaP	Tripedia® (AVP)	10 x 1 Dose						**E-IPV**	IPOL®	10 Doses					
	DAPTACEL® (AVP)	5 x 1 Dose						**Pneumococcal Conjugate**	Prevnar®	5 x 1 Dose					
	Infanrix® (GSK)	10 x 1 Dose						**Varicella**	Varivax®	10 Doses					
DTaP/Hib	TriHibit® (AVP)	5 x 1 Dose						**Td (Adult)**	Generic	10 Doses					
DT (Pediatric)	Generic	10 Doses						**Influenza ***	Generic	10 Doses					
DTaPHIBIP	Pediarix™ (GSK)	10 x 1 Dose						**Hepatitis A (Pediatric) ***	VAQTA® (M)	5 x 1 Dose					
Hib/Hepatitis B	Comvax®	10 x 1 Dose							Havrix® (GSK)	1 Dose					
Hepatitis B Pediatric/ Adolescent (3 dose)	Engerix B® (GSK)	10 x 1 Dose						**Hepatitis A (Adult) ***	VAQTA® (M)	5 x 1 Dose					
	Recombivax® (M)	10 x 1 Dose							Havrix® (GSK)	1 Dose					
Hepatitis B (2 dose) (Adolescent 11-15 yrs)	Recombivax® (M)	10 x 1 Dose						**Hepatitis B (Adult) * (19+ Years)**	Engerix-B® (GSK)	1 Dose					
									Recombivax® (M)	10 x 1 Dose					
Hib	PedvaxHIB® (M)	10 x 1 Dose						**Pneumococcal * (Polysaccharide)**	Pneumovax23® (M)	5 Doses					
	ActHiB® (AVP)	5 x 1 Dose						**Other***							
MMR	MMRII®	10 Doses						**Other***							

Vaccines not routinely provided to health care facilities; provider orders of these products are subject to Immunization Program approval.

Delivery Instructions: _____

(If applicable, enter special instructions; for example, "Do not deliver 12/7/03 to 12/14/03; deliver only M-W 8 AM-2 PM.")

Ordered By (Print)	Signature

IMM-27
MAY 03

Distribution: Original-Contractor/NJDHSS Copy-Provider