

**VACCINES FOR CHILDREN
2017-2018 SEASONAL INFLUENZA VACCINE ORDER FORM**



PIN:

DATE: _____

Site:

Address:

City:

***Indicates – Preservative Free**

Phone:

Fax:

Make copies of this form for additional requests.

I take full responsibility for the information on this form and attest that there is a current temperature log at this practice site.

Signature of person completing this form: _____

Fax Order to: (717) 441-3777 or (717) 441-3800 or e-mail to: paimmunizations@pa.gov

Manufacturer	Brand	Age Coverage	Description	# of DOSES Requested
GSK	FluLaval	6 mth & over	10 dose – Multi-dose vial – 5mL - <i>Quadrivalent</i> NDC # 19515-0896-11	
GSK	FluLaval	6 mth & over	*10 Pre-filled syringes – 0.5mL - <i>Quadrivalent</i> NDC # 19515-0912-52	
Sanofi	Fluzone	6 mth & over	10 dose – Multi-dose vial – 5mL - <i>Quadrivalent</i> NDC # 49281-0627-15	
Sanofi	Fluzone	6-35 mth	*10 Pre-filled syringes – 0.25mL - <i>Quadrivalent</i> NDC # 49281-0517-25	
Seqirus	Flucelvax	4 yrs & over	*10 Pre-filled syringes – 0.5mL - <i>Quadrivalent</i> NDC # 70461-0201-01	

VACCINES FOR CHILDREN (VFC) PROGRAM ONLY COVERS VACCINES THROUGH AGE 18.

NOTE: Every attempt will be made to fill your order as requested based on the available vaccine in each packaging.

VFC – TOLL FREE NUMBER - 888-646-6864



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