

# VACCINE ORDER FORM

IMMUNISATION PROVIDERS

April 2008



## PAEDIATRIC INFLUENZA VACCINE STUDY (Metropolitan area only) FOR CHILDREN IN METROPOLITAN AREA AGED 6 MONTHS TO 4 YEARS

WA DOH FAX: 9388 4820

WA DOH PHONE: 9388 4868

<i>Office use only</i>	
<i>Date / time received</i>	<i>Date time to CSL</i>
...../...../.....	...../...../.....

Practice Name: .....
Practice Number: ..... Practice Phone Number: .....

### Ordering process

- **Eligibility criteria: Children born from 1<sup>st</sup> April 2003**
- Orders to be faxed to CDCD for approval- see above numbers
- Place initial order below. Maximum 50 doses for first order.
- If you are a large practice and feel you require more for your first order please contact the above number to authorise this.
- We recommend weekly ordering.
- To acquire further vaccine you need to provide data below - date of birth/dose number/date vaccine given. Please print this information clearly. Illegible data sheets will not be processed.
- Please note that in the absence of sufficient stocks of "junior" (0.25ml) vaccine additional supplies of 0.5ml vials will be provided.

INFLUENZA VACCINE 0.5ml vials	_____ DOSES/VIALS/QTY
INFLUENZA VACCINE Junior 0.25ml vials	_____ DOSES/VIALS/QTY

FIRST NAME	SURNAME	DATE OF BIRTH	DOSE NUMBER	DATE GIVEN
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___
		___/___/___	1 <sup>st</sup> <input type="checkbox"/> 2nd <input type="checkbox"/>	___/___/___



