

## 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.

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.

Urgent Delivery  Reason \_\_\_\_\_

Practice / Clinic: \_\_\_\_\_ Scheduled Delivery Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Return form to Vaccine Management Unit by

Fax: 62051738 or Email: [immunisation@act.gov.au](mailto:immunisation@act.gov.au)

Vaccine	Current Stock Numbers	Doses Required
Act-HIB (Hib)		
Adacel / Boostrix (dTpa) <i>Adolescent</i>		
Adacel / Boostrix (dTpa) <i>Antenatal</i> at 28 weeks gestation or as soon as possible after this. Can be given up to delivery		
HBVaxII 5mcg / Engerix (Hep B <i>Paediatric</i> )		
Infanrix / Tripacel (DTPa)		
Infanrix-Hexa (DTPa, Hib, Polio, Hep B)		
Infanrix-IPV / Quadracel (DTPa & Polio)		
IPOL (IPV)		
Menactra (Meningococcal ACWY) <i>(ACT Funded Catch up Program until the end of 2018 for all adolescents aged 15yrs to 19yrs)</i>		
Neisvac-C (MenCCV)		
Nimenrix (Meningococcal ACWY)		
Pneumovax 23 (Pneumococcal)		
Prevenar 13 (Pneumococcal)		
Priorix or MMRII (MMR)		
Priorix Tetra / Proquad (MMRV)		
Rotarix (Rotavirus)		
Varilrix / Varivax (Varicella)		
Zostavax (Herpes Zoster)		
Other:		

***Please turn over for influenza orders.***

## Influenza Vaccine Orders (please note advice below)

Vaccine	Current Stock Numbers	Doses Required
Influenza vaccine < 3 yrs ( <i>Fluquadri Junior</i> )		
Influenza vaccine 3 yrs and over ( <i>Fluquadri</i> or <i>Fluarix Tetra</i> )		
Influenza vaccine ≥ 18 yrs ( <i>Afluria Quad</i> )		
Influenza vaccine ≥ 65 yrs ( <i>Fluzone High Dose</i> or <i>Fluad</i> )		

~ Before you administer a flu 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 ~

### HPV Orders

Please use the HPV order form available from the Vaccine Management Unit

### HEP B

Please use the Adult Hep B order form available from the Vaccine Management Unit

Return form to Vaccine Management Unit by  
 Fax: 62051738 or Email: [immunisation@act.gov.au](mailto:immunisation@act.gov.au)

I agree that:

- All vaccines will be stored in accordance with the national "Strive for 5" guidelines. Any temperature breaches outside of the recommended range of 2-8°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, adult pneumococcal and antenatal pertussis vaccine will be faxed to HPS at least monthly.
- All vaccines administered will be recorded on the Australian Immunisation Register and/or the HPV Register

Signature: \_\_\_\_\_  
 (signature of staff member ordering vaccines)

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

Office Use: Order entered into database  Staff member: \_\_\_\_\_