

Vaccine Management Unit Vaccine Order Form – Pharmacy

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 what can be safely kept in fridges

Pharmacy _____

Urgent Delivery Reason _____

Scheduled Delivery Date: __/__/__

Address: _____

Telephone No: _____

Influenza Vaccine Orders (please note advice below)

| Vaccine | Current Stock Numbers | Doses Required |
|---|-----------------------|----------------|
| Fluad Quad® (Influenza vaccine 65 yrs and over) | | |

~ 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 ~

Return form to Vaccine Management Unit by

Email: immunisation@act.gov.au (with Pharmacy Name in subject) or Fax: 5124 9307

I agree that:

- I will adhere to ACT Pharmacist vaccination standards
- All vaccines will be stored in accordance with the National Vaccine Storage Guidelines "Strive for 5". Any temperature breaches outside of the recommended range of +2 to +8°C will be immediately notified to the Health Protection Service.
- All funded vaccines will only be administered to eligible persons.
- Pharmacists or pharmacies that provide NIP funded vaccines must also supply a record, no less than once every two weeks regarding NIP funded vaccines administered over the period to the Health Protection Service.
- All vaccines administered will be recorded on the Australian Immunisation Register.

Signature: _____
(signature of staff member ordering vaccines)

Date: __/__/__