Arizona Department of Health Services

Arizona Immunization Program Office
Vaccines for Children Program
Voice: (602) 364-3642

VFC ASIIS Ordering Worksheet

PIN:

DO NOT FAX OR MAIL THIS FORM TO VFC. KEEP FOR YOUR RECORDS ONLY!

*******Please complete all sections and compare this information to what is in your inventory in ASIIS*******

Practice/Provider Name:	Area Code & Phone Number:	Date logs begin:	Date logs end:

Provider's Contact Name:	Area Code & Fax number:

Vaccine Name	Doses Administered	Doses on Hand	Manufacturer/Choice ** Place an X in the box of your choice	Doses Requested
DTaP 6 wks - 6 yrs			☐ GSK – Infanrix …….…. ☐ syringes ☐ vials ☐ Sanofi – Daptacel ……..….... vials only	
DTaP/HepB/IPV 6 wks - 6 yrs			☐ GSK – Pediarix ….….....syringes only	
DTaP/IPV/Hib 6 wks - 4 yrs			☐ Sanofi – Pentacel…….vials only	
DTaP/IPV 4 yrs - 6 yrs			☐ GSK - Kinrix……...☐ syringes ☐ vials	
Hib 6 wks - 4 yrs			☐ Merck – PedvaxHIB …… vials only ☐ Sanofi – ActHIB……..… vials only	
HibMenCY-certain high risk groups 2 mo - 10 yrs			☐ GSK – MenHibrix -2 mo. – 10 yrs –ONLY……. vials only	
Hep A 12 mo - 18 yrs			☐ GSK – Havrix….....☐ syringes ☐ vials ☐ Merck – Vaqta……..……...vials only	
Hep B- Peds Formulation Birth - 18 yrs			☐ GSK – Engerix.....☐ syringes ☐ vials ☐ Merck –Recombivax HB….. ….....vials/syringes only	
Human Papillomavirus HPV 9 yrs - 18 yrs			☐ GSK – Cervarix-HPV2……...☐ syringes ☐ vials ☐ Merck - Gardasil®-HPV4….....vials only Merck- Gardasil - HPV 9…….vials only	
e-IPV 6 wks - 18 yrs			☐ Sanofi – IPOL …….....vials only	
MMR 12mo - 18 yrs			☐ Merck – MMRII…….vials only	
MeningococcalConjugate 9 mo -18yrs MCV4 2 mo - 18yrs			☐ Sanofi – Menactra…….....vials only ☐ Novartis – Menveo……..... vials only	
Meningococcal Group B 10 yrs – 18 yrs			Pfizer – Trumenba……..syringes only Novartis – Bexsero……..syringes	
Pneumococcal Polysaccharide PPSV 23 2 yrs - 18 yrs			☐ Merck - Pneumovax 23……vials only	
Pneumococcal Conjugate PCV 13 6 wks - 18 yrs			☐ Pfizer- Prevnar 13……...syringes only	
Rotavirus 6 wks - 32 wks			☐ GSK - Rotarix - RV 1…….vials ☐ Merck - RotaTeq RV 5 ……..tubes	
Td 7 yrs -18 yrs			☐ Sanofi-Tenivac …….….….☐ syringes/vials ☐	
Tdap 7 yrs - 18 yrs 7 yrs - 18 yrs			☐ Sanofi – Adacel….....☐ syringes ☐ vials ☐ GSK – Boostrix….....☐ syringes ☐ vials	
Varicella 12 mo - 18 yrs			☐ Merck – Varivax ……..…vials only	
Other- please write the name of vaccine			please write the name of vaccine	

-VFC will honor your choice based on vaccine availability (see choice policy in 2014 VFC Operations Guide). Revised May 5, 2015

***** Please fax or email your Up to date temperature logs monthly and prior to submitting your VOMS order*****

Reminder: Refrigerated vaccines have up to a 10 business day delivery time. Varicella has up to a 4 week delivery time.

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