

**VACCINES FOR CHILDREN
2015-2016 SEASONAL INFLUENZA VACCINE ORDER FORM**



PIN: _____ **DATE:** _____

*Indicates – Preservative Free

Phone : _____ Fax: _____

Make copies of this form for additional orders.

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

Manufacturers	Brand	Age Coverage	Description	# of DOSES Requested
Sanofi	Fluzone	6 mth & over	10 dose - <i>Quadrivalent</i> Multi-dose vial –5mL NDC # 49281-0623-15	
Sanofi	Fluzone	6 mth - 35 mth	10 Pre-filled syringes* –0.25mL <i>Quadrivalent</i> NDC # 49281-0515-25	
GSK	Fluarix	36 mth & over	10 Pre-filled syringe* –0.5mL - <i>Quadrivalent</i> NDC # 58160-0903-52	
MedImmune**	FluMist	2 yrs – 18 yrs Healthy	10 Single dose – Intranasal- <i>Quadrivalent</i> NDC # 66019-0302-10	

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

**** INDICATE IF YOU WANT TO SPLIT YOUR FLU MIST SHIPMENTS AND HOW.**

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

VFC – TOLL FREE NUMBER - 888- 646-6864