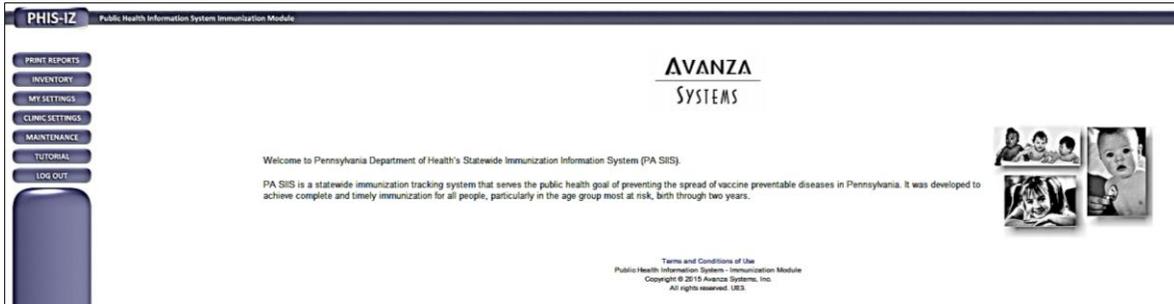


Initial PA-SIIS User set up prior to placing your first VFC Vaccine order

After logging into the PA-SIIS and accepting the on-line User Agreement you will land on the Avanza home screen as shown below.



Please go directly to My Settings and enter a new Password, and confirm your new Password. Select update and then select Okay and then select close my settings to return to the Avanza home page.

The screenshot shows the "EDIT MY SETTINGS" form. It contains the following fields and controls:

- FIRST NAME:** Text input field containing "Donald".
- MIDDLE NAME:** Empty text input field.
- LAST NAME:** Text input field containing "Duck".
- LOGIN ID:** Text input field containing "fcaniglia2".
- PASSWORD:** Password input field with masked characters (dots).
- CONFIRM PASSWORD:** Password input field with masked characters (dots).
- IMMN. PROVIDER:** A dropdown menu currently showing "SELECT".
- USER NOTES:** A large empty text area.
- SIGNATURE BLOCK:** A large empty text area with scroll arrows on the right side.

At the bottom of the form are two buttons: "UPDATE" and "CLOSE MY SETTINGS".

Initial PA-SIIS User set up prior to placing your first VFC Vaccine order

From the Avanza home screen **select Clinic Settings** and the following screen will appear. Please select the maximize button located at the top right corner of the Edit Clinic screen to expand the Edit Clinic screen.

EDIT CLINIC

CLINIC NAME * Sample Clinic	CLINIC TYPE Private	VFC PIN 123654	
CLINIC PHONE * 7177832548	EXTENSION	CLINIC FAX 7177723258	
PRIMARY CLINIC CONTACT			
LAST NAME * Smith	FIRST NAME * Mary	MIDDLE NAME	EMAIL ADDRESS msmith@pa.com
PRIMARY VFC CONTACT			
LAST NAME * Duck	FIRST NAME * Shirley	MIDDLE NAME	EMAIL ADDRESS
BACKUP VFC CONTACT			
LAST NAME * Duck	FIRST NAME * Donald	MIDDLE NAME	EMAIL ADDRESS
Clinic Address * EDIT 555 Walnut Street Floor 6 Harrisburg, Pennsylvania 17101		Shipping Address EDIT	
Associated Providers EDIT		Delivery Times EDIT Mon Tue Wed Thu Fri	
Patient Population EDIT Total (0) Enrolled in MA (0) Uninsured (0) American Indian (0) Underinsured (0)		VFC Acknowledgement EDIT Physician Name: License #: MA ID: VFC Enrollment Signature Date:	

[UPDATE](#) [CANCEL](#)

* Required

Please validate the information that is presented for accuracy. If changes are needed please make the required changes for every field and include any information that is missing. Particular attention to the following fields is necessary as any incorrect information may cause a delay in your VFC order approval and shipment.

Clinic phone, Clinic fax

Primary VFC contact: Last Name, First Name, and Email Address

Secondary VFC Contact: Last Name, First Name, and Email Address

Select **Edit** to open the following sections of the Edit Clinic screen:

Clinic Address, Shipping Address, Delivery Times, Patient Population, and VFC Acknowledgment

The above information is required by the CDC and will cause orders to be rejected if not properly completed.