

**VACCINES FOR CHILDREN
2019-20 SEASONAL INFLUENZA VACCINE ORDER FORM**



PIN:

DATE: _____

Site:

Address:

City:

**Indicates – Preservative Free*

Phone:

Fax:

Make copies of this form for additional requests.

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

Manufacturer	Brand	Age Coverage	Description	# of DOSES Requested
AstraZeneca	Flumist	2-49 yrs	*10 single dose sprayers - Quadrivalent NDC # 66019-0306-10	
GSK	FluLaval	6 mth & over	*10 Pre-filled syringes – 0.5mL - Quadrivalent NDC # 19515-0906-52	
GSK	FluLaval	6 mth & over	10 dose – Multi-dose vial – 5mL - Quadrivalent NDC # 19515-0897-11	
Sanofi	Fluzone	6 mth & over	10 dose – Multi-dose vial – 5mL - Quadrivalent NDC # 49281-0631-15	
Sanofi	Fluzone	6 mth & over	*10 Pre-filled syringes – 0.5mL - Quadrivalent NDC # 49281-0419-50	
Sanofi	Fluzone	6-35 mth	*10 Pre-filled syringes – 0.25mL - Quadrivalent NDC # 49281-0519-25	
Seqirus	Flucelvax	4 yrs & over	*10 Pre-filled syringes – 0.5mL - Quadrivalent NDC # 70461-0319-03	

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

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

VFC – TOLL FREE NUMBER - 888-646-6864



Be sure to review your organization’s formulary and order only the vaccines on your formulary and in your EMR.