

INSTRUCTIONS FOR FILLING OUT THE SPECIAL PROJECT TDAP VACCINE ORDER FORM

PIN. Use Provider Identification Number (PIN) on all orders - Assigned by the Immunization Program.

Doses Requested - Enter number of vaccine doses needed for eligible populations in one of these two columns. With some brands, you have a choice of vials or syringes, please specify your **doses requested** in the appropriate column. Doses shipped will be adjusted to conform to the available package size. Please allow 10-14 business days for delivery, after receipt at the Oregon Immunization Program.

Delivery Instructions – Providers **must** indicate days/clinic hours when vaccine may be delivered. Delivery instructions must be indicated **each time an order is placed**. Please note clinic days/hours due to holidays or special events. Do not make requests of courier (i.e., “tell staff to put in fridge” or “take 2nd left after light,” etc.). Orders cannot be “left at door.” All order requests must be signed.

Fax to Oregon Immunization Program. Retain a copy for your records. Please fax your vaccine order to the number below. Phone orders will be accepted only in emergency cases.

OREGON IMMUNIZATION PROGRAM, PUBLIC HEALTH DIVISION

www.oregon.gov/dhs/ph/imm

971-673-0300

FAX: 971-673-0278

Acceptable temperature ranges for
vaccine storage:

Refrigerator: 2° to 8°C (35° to 46°F)

Freezer: -15°C (5°F) or colder