

TDAP SPECIAL PROJECT

VACCINE ORDER FORM

OREGON IMMUNIZATION PROGRAM – PUBLIC HEALTH DIVISION

Date:	Provider ID #:		County:		
Name of Agency:					
Address for Delivery (No. P.O. Boxes):					
City			ZIP		

Vaccine	Doses Needed In Vials	Doses Neede In Syringes	d Brand Name	Age Range
Tdap			Boostrix®	11-18 years
Tdap			Adacel®	11-64 years
Delivery days (circle all	that apply): M T	W TH F	Delivery Hours: ()	<u>AM</u> - <u>PM</u>
PRINT NAME of Person Completing Order			Telephone	

Email of Person Completing Order: _____

By printing name, I certify that my refrigerator & freezer temperatures are within the recommended range to store vaccines (range on back).

Vaccine is purchased from multiple funding sources, including federal funds under CFDA #93.268 – the Immunization and VFC Grants

Visit our website at <u>http://www.oregon.gov/DHS/ph/imm/adults/Tdap.shtml</u> To request this material in an alternate format (e.g. Braille), please call (971)673-0300.

This section for DHS Use Only								
Vaccine	Lot Number/	Lot Number/	Brand Name	Doses on Back				
	Doses Shipped -	Doses Shipped -		Order				
	VL	SYR						
Tdap			Boostrix®					
Tdan			Adaaal®					
Tdap			Adacel®					

Date Of Shipment: _____

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 <u>must</u> 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 2^{nd} 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