

## How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- Additional forms are available on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>. FAX completed forms to **860-509-8371** or email [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov)
- If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov). Save and print a copy for your records. Please call (860) 509-7929 with any questions.

### Identification & Shipping Information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
- Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
- **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

### Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

### Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order – DA) = actual inventory (+ or – transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

### Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration**. Please call the Immunization Program to help facilitate transfer of the vaccine.

### Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

*Thank you for following the above instructions.*

*VOFs that are complete and accurate enable us to process your order quickly!*

**If you are interested in registering for VTrckS; CDC's online vaccine ordering and inventory management program, please send a request to:**  
[dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov)