



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS

IN YOUR PRACTICE

TO: All Users of State Supplied Vaccine

FROM: Mick Bolduc-Vaccines For Children (VFC) Coordinator^{MB}

DATE: February 21, 2012

SUBJECT: Vaccine Ordering

The primary purpose of this communication is to inform you that providers now have the option of e-mailing in their monthly vaccine order.

Vaccine Order Form

Up until now providers receiving state supplied vaccine could only mail or fax in their monthly vaccine order. Beginning immediately providers will now have the option of e-mailing in their order form to a central address: DPH.IMMUNIZATIONS@ct.gov

Blank Vaccine Order Forms (VOF) are available on our website, www.ct.gov/dph/immunizations or you can request the forms via our central email address, DPH.IMMUNIZATIONS@ct.gov. In an effort to reduce waste, cover sheets are not required when submitting your forms via fax or email.

The revised vaccine order form (VOF) contains this new e-mail address and also includes a box near the top of the form to include any days that your office will be closed for the month and not be able to receive vaccine orders shipped by McKesson or Merck. This box is for any day(s) other than weekends that your office will be closed. As a reminder vaccine orders can be shipped at any time during the course of the month so it is important for us to know if/when you will not be able to receive shipments.

Please remember that all orders must be submitted by the first business day of each month and **all providers are required to submit a monthly vaccine order form even if they do not need vaccine. Your doses administered data and inventory with expiration dates are required to be submitted monthly.**

A copy of the revised vaccine order form, vaccine transfer form, and vaccine return form are included for your records.

As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.



STATE VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

1. Report due on or before the first business day of the month. Late orders will not be processed.
2. **Be sure to fill in the box below with any dates your practice will be closed this month.**
3. Reports must be submitted monthly even if you are not ordering vaccine.
4. Report **State-supplied** vaccine only.
5. Balance inventory from last month's report to actual current inventory: (inventory + order – DA) = actual inventory (+ / – transfers & returns)
6. Calculate your order to a maximum of 2-1/2 month supply of vaccine inventory
7. Do not submit doses administered data using tick or hash marks convert all markings to whole numbers.
8. **Questions?** Please Call: **(860) 509-7929**. To download additional VOF's go to: www.ct.gov/dph/immunizations



Name and Shipping Address:			Date of Order:	Completed By:	Phone #	PIN #
				Dates Practice Will Be Closed for the Month:		
Vaccine	Doses Per pack	Doses Ordered	Doses on Hand	Expiration Date(s) Include number of doses if multiple expiration dates	Comments	
DTaP	10					
DTaP/IPV (Kinrix)	10					
HIB	5					
MMR	10					
IPV	10					
PCV 13 (Pneumococcal Conjugate)	10					
Hepatitis B	10					
MCV4 (Meningococcal Conjugate)	5					
Tdap	10					
Influenza (6-35 months)	10					
Influenza (3-18 years)	10					
FluMist (2-18 years)	10					
Hep A	10					
Rotavirus	10					
HPV	10					
Varicella	10					
DTaP/IPV/Hib (Pentacel)	5					
Td	10					



STATE VACCINE TRANSFER FORM IMMUNIZATION PROGRAM



FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

This form is to be used in the event of transferring viable vaccine from provider to provider

Transferring Provider Instructions:

1. Notify the State Immunization Program and local IAP Coordinator (if applicable) of the intent to transfer vaccine.
 2. Complete the transfer form in its entirety.
 3. Follow cold chain instructions including transporting vaccine in an insulated container with cold packs.
 4. Both providers need to sign and date the bottom of this form upon the date of actual transfer.
 5. Document each transfer on your Vaccine Order Form and keep a copy of this form for your records.
- Be sure to fax a copy of this form to the Immunization program at (860) 509-8371. To download additional forms please go to www.ct.gov/dph/immunizations

Cold Chain Instructions:

1. For refrigerated vaccines: keep cold at 35 to 45 degrees, do not freeze. Use refrigerated or ice packs (frozen ice packs for hot weather, refrigerated packs for cold weather)
2. Make sure vaccines are kept in their original boxes. Place insulation (crumpled paper or bubble wrap) between vaccines boxes and refrigerated or frozen ice packs to prevent vaccine freezing. Put crushed paper in cooler to keep vaccines from shifting during transport.
3. Do not leave vaccine container unattended or in the trunk of your car.
4. For transport of varicella vaccine please go to www.ct.gov/dph/lib/dph/infectious_diseases/immunization/policymemos/update_varicella_transport_instructions_12_12_11.pdf

	Transferring Provider Pin #
Name:	Date:
Address:	Phone:
City & State:	Person Completing Form:

Receiving Transferred Vaccine

1. Upon Arrival of vaccine, check the quantities and lot numbers against what is listed below.
2. Sign and date the bottom of the form in the appropriate place (Signature of Receiving Provider).
3. Store vaccines immediately.

Vaccine	Lot Number (s)	Dose(s)	Expiration Date (s)	Receiving Provider PIN #

Signature of Transferring Provider: _____ Date: _____

Signature of Receiving Provider: _____ Date: _____



STATE VACCINE RETURN FORM IMMUNIZATION PROGRAM

FAX TO: 860-509-8371 or email: DPH.Immunizations@ct.gov



Facility Name:		Date:	Provider Pin #
Address:		Phone: ()	
City:	Zip Code:	Person Completing Form:	

1. If the expiration date is month and year only, the vaccine is good until the *last day* of the month.
2. For vaccine spoilage, complete this form and a memo explaining why the vaccine spoiled and what steps you will take to prevent future incidents from occurring. Fax the vaccine return form and memo to Mick Bolduc (860) 509-8371. A determination will be made as to whether you will have to replace the wasted vaccine. Go to www.ct.gov/dph/immunizations for details on our Financial Restitution Policy or call the Immunization Program to request a copy.
3. To return vaccine to McKesson: contact the Immunization Program at (860) 509-7929 to request a mailing label. A mailing label will be sent to you from McKesson within 7 to 10 business days.
4. Pack the spoiled vaccine, along with a copy of this form, affix the mailing label to the package and give to your UPS driver. Do not call UPS for pick up or you will be charged. **Never return partial vials or vaccine with needles affixed.**

Vaccine	Lot Number(s)	Expiration Date	Doses	Cost Per Dose	Reason For Return
DTaP/HepB/IPV (PEDIARIX)				\$49.75	
DTaP				\$14.85	
Hep B				\$ 10.35	
Flu (3-18 years)				\$10.97	
Flu (6-35 months)				\$11.68	
Rotarix/RotaTeq				\$89.25/\$59.76	
IPV				\$11.97	
MCV4				\$82.12	
MMR				\$18.99	
PCV 13				\$97.21	
Td				\$16.50	
Varicella				\$69.73	
DTaP/IPV/Hib (Pentacel)				\$52.55	
Hib				\$9.00	
Tdap				\$30.25	
Hep A				\$14.25	
DTaP/IPV (Kinrix)				\$34.75	
HPV				\$95.75	
FluMist				\$15.70	
Adult Hep A				\$21.59	
Adult Hep B				\$28.00	
Adult Hep A/Hep B				\$43.50	