

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Immunization Program

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccines
FROM: Mick Bolduc-Vaccines For Children Coordinator^{MB}
DATE: September 13, 2012
SUBJECT: New Vaccine Order Forms

The primary purpose of this communication is to provide you with a copy of the revised Vaccine Order Form (VOF).

New Vaccine Order Form

On October 1, 2012 the Immunization Program will begin offering provider choice of all licensed vaccines available on the CDC contract. The enclosed Vaccine Order Form (VOF) has been revised to reflect the vaccines available beginning October 1st. **Please discard any old VOF's you have in stock and use only this form moving forward.** The doses administered data on the revised VOF has been streamlined to include only the sum total of all vaccines administered eliminating the age breakdown and specific dose number given. We hope these changes will help lessen the burden and time in reporting the doses each office administers on a monthly basis.

Also enclosed are the updated instructions for vaccine ordering as well as a vaccine discrepancy report that should be filled out and sent into the Immunization Program any time a provider does not receive all the vaccine they requested in a particular month. **This form should not be used for any vaccine that is currently in short supply (e.g. Pentacel) or for flu vaccine since the state only receives partial orders from the flu manufacturers and you may receive several shipments each month during flu season to make your order whole.**

As always, if you have any questions please call the State Immunization Program at (860) 509-7929.

Facility Name			Inventory													PIN #
Vaccine Products			Order													Doses Administered
Vaccine	Brand NDC #	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses Administered TOTALS
Rotarvirus	Rotarix 58160-0854-52	10														
	Rotateq 00006-4047-41	10														
PCV13 Pneumo. Conj.	Pevnar 00005-1971-02	10														
Hepatitis A	Havrix 58160-0825-11	10														
	Vaqta 00006-4831-41	10														
MMR	MMRII 00006-4681-00	10														
Varicella	Varivax 00006-4827-00	10														
DTaP/IPV	Kinrix 58160-0812-11	10														
Meningococcal Conjugate	Menactra 49281-0589-05	5														
	Menveo 46028-0208-01	5														
Tdap	Boostrix 58160-0842-11	10														
	Adacel 49281-0400-10	10														
Td	Tenivac 49281-0215-10	10														
Influenza .25mL 6-35 mos.	Fluzone Sanofi -Syr 49281-0112-25	10														
Influenza .5 mL 3-18 yrs	Fluzone Sanofi -Syr 49281-0012-50	10														
	Fluzone Sanofi-Vial 49281-0012-10	10														
	Fluarix GSK-Syr 58160-0879-52	10														
Influenza 5mL 4-18 yrs	FluVirin Novartis-Syr 66521-0115-02	10														
Influenza .2mL 2-18 yrs	FluMist MedImmune 66019-0110-10	10														

Revised 9/12

Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, Connecticut 06134 Phone (860) 509-7929 • Fax (860) 509-8371 • www.ct.gov/dph/immunizations



Connecticut Vaccine Program

Vaccine Order Form Instruction Sheet

How To Submit Your Vaccine Order Form (VOF)

- Please FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine. Forms must be received by the 1st business day of the month.
- Fillable pdf forms are available on our website at www.ct.gov/dph/immunizations. You may either FAX the completed forms to 860-509-8371 or email them to our central email address: dph.immunizations@ct.gov.
- If emailing, please save the document as a pdf file and name the form with your pin number first and then the name of the document. For example: PIN 2000.VOF.pdf. Attach your completed form and email to our central email address. We recommend that you save and print a copy for your records. Please note that this email address is only for receiving and processing forms. Please call the program at 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 and phone.
- Complete the box with any dates your practice will be closed during the month. Do not include weekends.
- **IMPORTANT! Please notify the immunization program if changes have occurred to your name, shipping address, hours and days to receive vaccine.**

Order

- Indicate number of doses needed for each vaccine. Round up to the nearest whole 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 5 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. Indicate number of doses on hand for each lot number and expiration date. Four spaces per vaccine have been provided to record this data. If you have more than four lot numbers, 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: $(\text{inventory} + \text{order} - \text{DA}) = \text{actual inventory} (+ / - \text{transfers \& returns})$.

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 Data

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting administration data. Record all totals as whole numbers, please do not use hash or tick marks.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!

