



# Vaccine and VIS Order Form



Date:	Person Placing Order:	Notes:										
Facility Name:	PIN:											
Attn:	Phone:											
Shipping Address:		City, State, Zip										
Refrigerator/Freezer (main storage) Temp:	1) Min 5) Min	Max	Current	2) Min 6) Min	Max	Current	3) Min 7) Min	Max	Current	4) Min 8) Min	Max	Current

**Fax completed order to: 208-334-4914 or 800-554-2922 or E-Mail: IIP@dhw.idaho.gov**

Vaccine	# syringes	# of vials	Doses on Hand	VIS Forms	English	Spanish
			Combination VIS DTaP, Hep B, Polio, Hib, PCV7, Rotavirus			
DTaP/IPV/Hib (Pentacel)				DTaP, IPV, Hib		
DTaP/Hep B/EIPV (Pediarix)				DTaP, Hep B, IPV		
DTaP				DTaP		
Tdap				Tdap		
Td	10 pack only			Td		
DT				DTaP		
Hepatitis B				Hep B		
Hepatitis A				Hep A		
Hib		5 pack only		Hib		
EIPV				Polio		
MMR				MMR		
Varicella				Varicella		
PCV 7 (Prevnar)	10 pack only			PCV-7 Congugate		
Rotavirus	<b>Oral Only</b>			Rotavirus		
MCV4 (Menactra)		5 pack only		Meningococcal		
HPV				Human Papilloma Virus		
PPV23 (Pneumococcal)		5 pack only		Pneumo 23 Polysaccharide		
HepA/HepB (Twinrix) 18 yr olds				Hep A, Hep B		
Flu PF (6 - 35 mo)	10 pack only			Inactivated Flu		
Flu- PF (36 mo - 18 yrs)	10 pack only			Inactivated Flu		
Flu (6 mo.-18 yrs w/ Thimerosal 10 dose vials)				Inactivated Flu		
Flu (4 yrs-18 yrs Novartis 10 dose vials)				(TIV) Inactivated Flu		
FluMist (2-18) Intranasal administration	<b>Intranasal</b>			(LAIV) Live Attenuated		