

PROVIDER REQUEST FOR CHILDHOOD VACCINE

Fax Completed Request To:

Whatcom County Health Dept.

1500 N. State St.

Bellingham, WA 98225

Telephone (360-676-4593)

Fax (360-676-6772)

Provider PIN#

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SHIP TO:				DATE ORDERED:		
SHIPPING ADDRESS:				Check If Any Shipping Changes <input type="checkbox"/>		
CONTACT:						
TELEPHONE: ()			FAX: ()			
DELIVERY TIMES: Please specify all days and hours your clinic is available to receive vaccine. (e.g., 9AM-3PM)		<input type="checkbox"/> Monday AM ____ to ____ PM ____ to ____	<input type="checkbox"/> Tuesday AM ____ to ____ PM ____ to ____	<input type="checkbox"/> Wednesday AM ____ to ____ PM ____ to ____	<input type="checkbox"/> Thursday AM ____ to ____ PM ____ to ____	<input type="checkbox"/> Friday AM ____ to ____ PM ____ to ____
Special Shipping Instructions:						
BRANDS ARE LINKED TO PROVIDERS IN THE VACCINE ORDERING SYSTEM. PLEASE ORDER ONE PRODUCT PER VACCINE TYPE.						
Vaccine	Description	MUST COMPLETE ALL FIELDS				
		Doses Used Last Month	Doses On Hand	Number of Doses Ordered		
DT	Diphtheria & Tetanus					
DTaP	Diphtheria & tetanus toxoids & acellular pertussis vaccine (Daptacel / Infanrix)					
DTaP – Hep B – IPV	Pediarix: Diphtheria & tetanus toxoids and acellular pertussis, Hepatitis B, and IPV combination vaccine					
DTaP – IPV – Hib	Pentacel: Diphtheria & tetanus toxoids and acellular pertussis, IPV, and <i>Haemophilus influenzae</i> type b Conjugate combination vaccine					
DTaP-IPV	Kinrix: Diphtheria & tetanus toxoids and acellular pertussis, IPV					
Hep A	Hepatitis A Pediatric/Adolescent (Havrix / VAQTA)					
Hep B	Hepatitis B Pediatric/Adolescent (Engerix B / Recombivax)					
Hep B - Hib	Comvax: Hepatitis B Pediatric/Adolescent and <i>Haemophilus influenzae</i> type b Conjugate					
Hib	<i>Haemophilus influenzae</i> type b Conjugate (ActHIB / PedvaxHIB)					
HPV	Human Papillomavirus vaccine (Cervarix / Gardasil)					
IPV	Inactivated Poliovirus vaccine (IPOL)					
MCV	Meningococcal (Groups A, C, Y & W-135) Conjugate vaccine (Menactra / Menveo)					
MMR	Measles, Mumps, and Rubella combination vaccine (MMRII)					
PCV	Pneumococcal Conjugate 13-valent (Prevnar)					
PPSV	Pneumococcal polysaccharide vaccine (Special Circumstances Only) (Pneumovax 23)					
Rota	Rotavirus (Rotarix / RotaTeq)					
Td	Tetanus & diphtheria toxoids adsorbed (Decavac / Td)					
Tdap	Tetanus & diphtheria toxoids and acellular pertussis vaccine (Adacel / Boostrix)					
Varicella	Varicella vaccine (Freezer Storage Only) (Varivax)					

*See Back Page for ordering guidelines.

**Doses used last month and doses on hand for each vaccine, including vaccines not ordered, are required with every order

LHJ Use Only			DOH Use Only		
Order Number: _____	Order Entered / Approved By: _____	Order Entry Date: _____			

PROVIDER REQUEST FOR CHILDHOOD VACCINE

Vaccine	Description	General Guidelines for Use*
DT	Diphtheria & Tetanus (sanofi pasteur)	<ul style="list-style-type: none"> 6 weeks up to the 7th birthday with pertussis contraindication
DTaP	DAPTACEL [®] (sanofi pasteur)/ INFANRIX [®] (GSK) Diphtheria & Tetanus toxoids and acellular Pertussis vaccine	<ul style="list-style-type: none"> 6 weeks of age up to the 7th birthday
DTaP – Hep B – IPV	PEDIARIX [®] Diphtheria & Tetanus toxoids and acellular Pertussis adsorbed, Hepatitis B, and IPV combination vaccine (GSK)	<ul style="list-style-type: none"> 2 months up to 7 years of age.
DTaP – IPV – Hib	PENTACEL [®] Diphtheria & Tetanus toxoids and acellular Pertussis adsorbed, IPV, and <i>Haemophilus influenzae</i> type b conjugate vaccine (sanofi pasteur)	<ul style="list-style-type: none"> 2 months up to 5 years of age.
DTaP-IPV	KINRIX [®] Diphtheria & Tetanus toxoids and acellular Pertussis adsorbed, IPV (GSK)	<ul style="list-style-type: none"> 4 years of age to 6 years of age 5th dose in the DTaP series, the 4th dose in the IPV series
Hep A (Pediatric)	HAVRIX [®] (GSK) / VAQTA [®] (Merck) Hepatitis A vaccine	<ul style="list-style-type: none"> 1 year of age up to the 19th birthday
Hep B	ENGERIX-B [®] (GSK) / RECOMBIVAX HB [®] (Merck) Hepatitis B vaccine	<ul style="list-style-type: none"> At birth up to the 19th birthday or who meet high risk criteria
Hep B-Hib	COMVAX [®] Hepatitis B vaccine, (Merck)	<ul style="list-style-type: none"> 6 weeks of age up the 15 months of age
Hib	ActHIB [®] (sanofi pasteur) PedvaxHIB [®] (Merck) <i>Haemophilus influenzae</i> type b conjugate vaccine	<ul style="list-style-type: none"> ActHIB[®] 6 weeks of age up to the 5th birthday PedvaxHIB[®] 2 months of age through 5 months of age
HPV	CERVARIX [®] (GSK) Human Papillomavirus Bivalent (Types 16, 18)	<ul style="list-style-type: none"> Females 10 years of age up to 19th birthday
HPV	GARDASIL [®] Human Papillomavirus Quadrivalent (Types 6, 11, 16,18) vaccine (Merck)	<ul style="list-style-type: none"> Females / Males 9 years of age up to 19th birthday
IPV	IPOL [®] Inactivated Poliovirus vaccine (sanofi pasteur)	<ul style="list-style-type: none"> 6 weeks of age up to the 19th birthday
MCV4	Menactra [®] (sanofi pasteur) / MENVEO [®] (Novartis) Meningococcal (Groups A, C, Y & W-135)	<ul style="list-style-type: none"> 11 years of age up to the 19th birthday 2 years of age up to the 19th birthday who meet high risk criteria
MMR	M-M-R [®] II Measles, Mumps, and Rubella combination vaccine (Merck)	<ul style="list-style-type: none"> 12 months of age up to the 19th birthday
PCV	Prevnar 13 [®] Pneumococcal Conjugate 13-valent vaccine (Wyeth)	<ul style="list-style-type: none"> 2 months of age up to the 5th birthday
PPSV	PNEUMOVAX 23 [®] Pneumococcal Polyvalent vaccine (Merck)	<ul style="list-style-type: none"> Special Circumstances Only: high risk children only, 2 years of age up to the 19th birthday.
Rotavirus	Rotarix [®] (GSK) RotaTeq [®] (Merck) Rotavirus vaccine	<ul style="list-style-type: none"> Rotarix[®] 6 weeks of age through 24 weeks RotaTeq[®] 6 weeks of age through 32 weeks
Td	DECAVAC [®] (Sanofi Pasteur) / Td (Massachusetts Biological) Tetanus & Diphtheria toxoids adsorbed	<ul style="list-style-type: none"> 7 years of age up to the 19th birthday
Tdap	ADACEL [®] (Sanofi Pasteur) / BOOSTRIX [®] (GlaxoSmithKline) Tetanus & Diphtheria toxoids and Acellular Pertussis vaccine	<ul style="list-style-type: none"> 11 years of age up to the 19th birthday
Varicella	VARIVAX [®] Varicella vaccine (Merck)	<ul style="list-style-type: none"> 12 months of age up to the 19th birthday
MMR-V	ProQuad [®] Measles, Mumps, Rubella and Varicella Virus Vaccine Live (Merck)	<ul style="list-style-type: none"> 12 months of age through 12 years of age

*For complete list of guidelines, see Immunization Guidelines for the Use of State-Supplied Vaccines located at: <http://www.doh.wa.gov/cfh/immunize/documents/vacusage.pdf>

Manufacturer Quality Control Office Telephone Numbers:

<ul style="list-style-type: none"> GlaxoSmithKline, 866-475-8222 or 888-825-5249, www.gsk.com 	<ul style="list-style-type: none"> sanofi pasteur, 800-822-2463, www.sanofipasteur.us
<ul style="list-style-type: none"> Merck, 800-609-4618 or 800-672-6372, www.merckvaccines.com 	<ul style="list-style-type: none"> Wyeth, 800-999-9384, www.wyeth.com
<ul style="list-style-type: none"> Massachusetts Biological Labs, 617-474-3000 or 617-983-6400 	

If you have a disability and need this document in another format, please call 1-800-322-2588 (711—TTY relay).