



Vaccines for Children (VFC) Program

2019-2020 Seasonal INFLUENZA VACCINE Order Form

Fax to 302-739-2555

revised 07/29/19

PRACTICE/FACILITY NAME	CONTACT PERSON	TELEPHONE	FAX	DATE

FACILITY EMAIL:	PIN:
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Delivery: Indicate all days and times you may receive vaccine. If closed during lunch, please specify.	MON	FROM:		TO:		CLOSED FOR LUNCH FROM:		TO:	
	TUES	FROM:		TO:		CLOSED FOR LUNCH FROM:		TO:	
	WED	FROM:		TO:		CLOSED FOR LUNCH FROM:		TO:	
	THUR	FROM:		TO:		CLOSED FOR LUNCH FROM:		TO:	
	FRI	FROM:		TO:		CLOSED FOR LUNCH FROM:		TO:	

Vaccine orders may be partially filled depending on the percentage of product available at McKesson. Back orders will be kept on file and shipped as soon as vaccine becomes available.

INSTRUCTIONS: Order a four to six week supply of influenza vaccine for your VFC-eligible patients. Reorder as needed through the season. Allow two weeks for delivery for properly submitted orders. (All presentations available for VFC are Preservative Free.)

THIS IS NOT A PRE-BOOK FORM

BRAND/PRESENTATION	NDC	AGE	LOT#	DOSES ON HAND	DOSES REQUESTED	PROGRAM USE		
Fluarix- Quad (GSK) 0.5mL single dose SYR, 10-pack	58160-0896-52	6mths +						
Flucelvax- Quad (Seqirus USA) 0.5mL single dose SYR, 10-pack	70461-0319-03	4 Years +						
FluLaval- Quad (GSK) 0.5mL single dose SYR, 10-pack	19515-0906-52	6mths +						
Fluzone- Quad (Sanofi) 0.5mL single dose VIAL, 10-pack	49281-0419-10	6mths +						
Fluzone- Quad (Sanofi) 0.5mL single dose SYR, 10-pack	49281-0419-50	6mths +						
Fluzone- Quad (Sanofi) 0.25mL single dose SYR, 10-pack	49281-0519-25	6-35mths						