



SC DHEC Immunization Program Vaccine Order Form
Childhood Vaccine Programs: VFC
Fax all Order Forms (Childhood and Adult) to: (803) 898-0318

Vaccine Coordinator _____ PIN#: _____

Phone: _____ Fax: _____

Completed By (Print Name): _____

Date Completed: _____

All provider updates (shipping information, contacts, etc.) must be completed in SCIAPPS, <https://www.scdhec.gov/Apps/Health/SCIAPPS>.

****Complete all sections of this form. Call the VFC Program if any vaccine in your inventory is within 3 months of expiration and you do not anticipate using.**
Pediatric VFC vaccine must be ordered, inventoried, and stored separately from Pediatric STATE, Adult Vaccine Program, Disease Control, and Employee Health vaccines.**

VFC VACCINE			USED	VFC VACCINE INVENTORY (DOSES ON HAND)									VFC VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	BRAND	MIN. PER SHIP-MENT	VFC DOSES REQUESTED
DT	DT	49281-0225-10				/ /			/ /			/ /	DT	1	
DTaP	Daptacel	49281-0286-10				/ /			/ /			/ /	Daptacel	NOT AVAILABLE	
	Infanrix - Vial	58160-0810-11				/ /			/ /			/ /	Infanrix - Vial	10	
	Infanrix - Syringe	58160-0810-52				/ /			/ /			/ /	Infanrix - Syringe	10	
DTaP/IPV	Kinrix - Vial	58160-0812-11				/ /			/ /			/ /	Kinrix - Vial	10	
	Kinrix - Syringe	58160-0812-52				/ /			/ /			/ /	Kinrix - Syringe	10	
DTaP/ HepB/ IPV	Pediarix	58160-0811-52				/ /			/ /			/ /	Pediarix	10	
DTaP/ IPV/ Hib	Pentacel	49281-0510-05				/ /			/ /			/ /	Pentacel	NOT AVAILABLE	
Polio	IPOL	49281-0860-10				/ /			/ /			/ /	IPOL	10	
Hepatitis A	VAQTA - Vial	00006-4831-41				/ /			/ /			/ /	VAQTA - Vial	NOT AVAILABLE	
	VAQTA - Syringe	00006-4095-02				/ /			/ /			/ /	VAQTA - Syringe	NOT AVAILABLE	
	Havrix - Vial	58160-0825-11				/ /			/ /			/ /	Havrix - Vial	10	
	Havrix - Syringe	58160-0825-52				/ /			/ /			/ /	Havrix - Syringe	10	
Hepatitis B	Engerix B - Vial	58160-0820-11				/ /			/ /			/ /	Engerix B - Vial	10	
	Engerix B - Syringe	58160-0820-52				/ /			/ /			/ /	Engerix B - Syringe	10	
	Recombivax- Vial	00006-4981-00				/ /			/ /			/ /	Recombivax- Vial	NOT AVAILABLE	
	Recombivax- Syringe	00006-4093-02				/ /			/ /			/ /	Recombivax- Syringe	NOT AVAILABLE	
Hib	ActHIB	49281-0545-03				/ /			/ /			/ /	ActHIB	NOT AVAILABLE	
	PedvaxHIB	00006-4897-00				/ /			/ /			/ /	PedvaxHIB	10	
	Hiberix	58160-0818-11				/ /			/ /			/ /	Hiberix	NOT AVAILABLE	



SC DHEC Immunization Program Vaccine Order Form
CHILDHOOD VACCINE PROGRAMS: VFC
 Fax ALL Order Forms (Childhood and Adult) to: (803) 898-0318

Vaccine Coordinator PIN#:
 Phone: Fax:

****Please complete all sections on this order form. Call the VFC Program if any vaccine in your inventory is within 3 months of expiration and you do not anticipate using.
 Pediatric VFC vaccine must be ordered, inventoried, and stored separately from Pediatric STATE, Adult Vaccine Program, Disease Control, and Employee Health vaccines.****

VFC VACCINE			USED	VFC VACCINE INVENTORY (DOSES ON HAND)									VFC VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	VFC DOSES ON HAND	LOT #	EXPIRATION DATE	BRAND	MIN. PER SHIP-MENT	VFC DOSES REQUESTED
HPV	Gardasil 9 9vHPV	00006-4119-03				/ /			/ /			/ /	Gardasil 9 9vHPV	10	
MenACWY	Menactra	49281-0589-05				/ /			/ /			/ /	Menactra	5	
	Menveo	58160-0955-09				/ /			/ /			/ /	Menveo	*Call for Approval	
Men B	Bexsero	58160-0976-06				/ /			/ /			/ /	Bexsero	1	
	Bexsero	58160-0976-20				/ /			/ /			/ /	Bexsero	10	
	Trumenba	00005-0100-10				/ /			/ /			/ /	Trumenba	NOT AVAILABLE	
PCV	Prevnar 13	00005-1971-02				/ /			/ /			/ /	Prevnar 13	10	
PPSV23	Pneumovax*	00006-4943-00				/ /			/ /			/ /	Pneumovax*	1	
Rotavirus	RotaTeq	00006-4047-41				/ /			/ /			/ /	RotaTeq	10	
	Rotarix	58160-0854-52				/ /			/ /			/ /	Rotarix	NOT AVAILABLE	
Td	Td - Vial	13533-0131-01				/ /			/ /			/ /	Tenivac - Vial	1	
Tdap	Adacel - Syringe	49281-0400-15				/ /			/ /			/ /	Adacel - Syringe	NOT AVAILABLE	
	Adacel - Vial	49281-0400-10				/ /			/ /			/ /	Adacel - Vial	NOT AVAILABLE	
	Boostrix - Syringe	58160-0842-52				/ /			/ /			/ /	Boostrix - Syringe	10	
	Boostrix - Vial	58160-0842-11				/ /			/ /			/ /	Boostrix - Vial	10	
MMR	MMRII	00006-4681-00				/ /			/ /			/ /	MMRII	10	
Varicella	Varivax	00006-4827-00				/ /			/ /			/ /	Varivax	10	
MMR-Varicella	ProQuad	00006-4171-00				/ /			/ /			/ /	ProQuad	10	

SC DHEC Immunization Program Vaccine Order Form Childhood Vaccine Programs: VFC

Purpose:

The purpose of the Childhood Vaccine Program VFC Order Form is to provide a document, which can be used by DHEC immunization providers to request VFC vaccine.

Item-By-Item Instructions

1. Provider's PIN, Name, Address, Phone, Fax, and Email will be pre-printed on the form.
2. All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.
3. Person completing the form should enter printed name and date.
4. Enter the number of VFC doses used since last order (Enter "0" if none)
5. Enter number of doses in current VFC inventory to include ALL lot numbers and ALL expiration dates for ALL VFC vaccine. The number of doses on hand must represent how many doses for that particular NDC, lot number, and expiration date are in the VFC inventory. For example, if you have 5 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43211XX and an expiration of 12/2018 and 6 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43234XX with expiration of 01/2019, you will need to record the number of doses you have for each lot number and expiration date of that NDC (5 doses of Varicella NDC 00006-4827-00 with lot number AB43211XX with an expiration of 12/2018 and 6 doses of Varicella NDC 00006-4827-00 with lot number AB43234XX and an expiration of 01/2019). **All** vaccine in a provider's inventory, **for every program**, will need to be recorded for every order. If more than three lot numbers/expiration dates need to be recorded to document a complete inventory, make copy(ies) of vaccine order form and fill in space(s) indicated under VFC Vaccine Inventory (Doses on Hand) for appropriate vaccines, as needed.
6. Enter the number of VFC doses of each vaccine requested.
7. A call for approval to our office is required if you are requesting a dose of Menveo.*
8. Provider will submit Childhood Program VFC, Childhood Program State, Adult Vaccine Program, Disease Control, and Employee Health inventories along with this order. Failure to submit inventories for all programs with this order form will delay order processing.

Office Mechanics and Filing

1. The completed Vaccine Order Form must be retained in a file by both the provider and the VFC Program for (3) three years.
2. The Vaccine Order Form can be obtained by logging into SCIAPPS.



SC DHEC Immunization Program Vaccine Order Form
Childhood Vaccine Programs: STATE
Fax ALL Order Forms TO: (803) 898-0318

Vaccine Coordinator _____ PIN#: _____
 Phone: _____ Fax: _____

Completed By (Print Name): _____

Date Completed: _____

****Complete all sections on this order form. Pediatric STATE vaccine MUST be ordered, inventoried, and stored SEPARATELY from Pediatric VFC & Adult Vaccines.****

STATE VACCINE			USED	STATE VACCINE INVENTORY (DOSES ON HAND)									STATE VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	DOSES ON HAND	LOT #	EXPIRATION DATE	DOSES ON HAND	LOT #	EXPIRATION DATE	DOSES ON HAND	LOT #	EXPIRATION DATE	BRAND	MIN. PER SHIP-MENT	DOSES REQUESTED
DT	DT	49281-0225-10				/ /			/ /			/ /	DT	1	
DTaP	Daptacel	49281-0286-10				/ /			/ /			/ /	Daptacel	NOT AVAILABLE	
	Infanrix - Vial	58160-0810-11				/ /			/ /			/ /	Infanrix - Vial	10	
	Infanrix - Syringe	58160-0810-52				/ /			/ /			/ /	Infanrix - Syringe	10	
DTaP/IPV	Kinrix - Vial	58160-0812-11				/ /			/ /			/ /	Kinrix - Vial	10	
	Kinrix - Syringe	58160-0812-52				/ /			/ /			/ /	Kinrix - Syringe	10	
DTaP/ HepB/ IPV	Pediarix	58160-0811-52				/ /			/ /			/ /	Pediarix	10	
DTaP/ IPV/ Hib	Pentacel	49281-0510-05				/ /			/ /			/ /	Pentacel	NOT AVAILABLE	
Polio	IPOL	49281-0860-10				/ /			/ /			/ /	IPOL	10	
Hepatitis A	VAQTA - Vial	00006-4831-41				/ /			/ /			/ /	VAQTA - Vial	NOT AVAILABLE	
	VAQTA - Syringe	00006-4095-02				/ /			/ /			/ /	VAQTA - Syringe	NOT AVAILABLE	
	Havrix - Vial	58160-0825-11				/ /			/ /			/ /	Havrix - Vial	10	
	Havrix - Syringe	58160-0825-52				/ /			/ /			/ /	Havrix - Syringe	10	
Hepatitis B	Engerix B- Vial	58160-0820-11				/ /			/ /			/ /	Engerix B- Vial	10	
	Engerix B- Syringe	58160-0820-52				/ /			/ /			/ /	Engerix B- Syringe	10	
	Recombivax- Vial	00006-4981-00				/ /			/ /			/ /	Recombivax- Vial	NOT AVAILABLE	
	Recombivax- Syringe	00006-4093-02				/ /			/ /			/ /	Recombivax- Syringe	NOT AVAILABLE	
Hib	ActHIB	49281-0545-03				/ /			/ /			/ /	ActHIB	NOT AVAILABLE	
	PedvaxHIB	00006-4897-00				/ /			/ /			/ /	PedvaxHIB	10	
	Hiberix	58160-0818-11				/ /			/ /			/ /	Hiberix	NOT AVAILABLE	



SC DHEC Immunization Program Vaccine Order Form
Childhood Vaccine Programs: STATE
Fax ALL Order Forms TO: (803) 898-0318

Vaccine Coordinator

Phone:
Fax:

****Complete all sections on this order form. Pediatric STATE vaccine MUST be ordered, inventoried, and stored SEPARATELY from Pediatric VFC & Adult Vaccines.****

STATE VACCINE			USED	STATE VACCINE INVENTORY (DOSES ON HAND)									STATE VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	DOSES ON HAND	LOT #	EXPIRATION DATE	DOSES ON HAND	LOT #	EXPIRATION DATE	DOSES ON HAND	LOT #	EXPIRATION DATE	BRAND	MIN. PER SHIP-MENT	DOSES REQUESTED
HPV	Gardasil 9 9vHPV	00006-4119-03				/ /			/ /			/ /	Gardasil 9 9vHPV	10	
MenACWY	Menactra	49281-0589-05				/ /			/ /			/ /	Menactra	5	
	Menveo	58160-0955-09				/ /			/ /			/ /	Menveo	*Call for Approval	
Men B	Bexsero	58160-0976-06				/ /			/ /			/ /	Bexsero	NOT AVAILABLE	
	Bexsero	58160-0976-20				/ /			/ /			/ /	Bexsero	NOT AVAILABLE	
	Trumenba	00005-0100-10				/ /			/ /			/ /	Trumenba	NOT AVAILABLE	
PCV	Prevnar 13	00005-1971-02				/ /			/ /			/ /	Prevnar 13	10	
PPSV23	Pneumovax*	00006-4943-00				/ /			/ /			/ /	Pneumovax*	1	
Rotavirus	RotaTeq	00006-4047-41				/ /			/ /			/ /	RotaTeq	10	
	Rotarix	58160-0854-52				/ /			/ /			/ /	Rotarix	NOT AVAILABLE	
Td	Td - Vial	13533-0131-01				/ /			/ /			/ /	Tenivac - Vial	1	
Tdap	Adacel - Syringe	49281-0400-15				/ /			/ /			/ /	Adacel - Syringe	NOT AVAILABLE	
	Adacel - Vial	49281-0400-10				/ /			/ /			/ /	Adacel - Vial	NOT AVAILABLE	
	Boostrix - Syringe	58160-0842-52				/ /			/ /			/ /	Boostrix - Syringe	10	
	Boostrix - Vial	58160-0842-11				/ /			/ /			/ /	Boostrix - Vial	10	
MMR	MMRII	00006-4681-00				/ /			/ /			/ /	MMRII	10	
Varicella	Varivax	00006-4827-00				/ /			/ /			/ /	Varivax	10	
MMR-Varicella	ProQuad	00006-4171-00				/ /			/ /			/ /	ProQuad	10	

**South Carolina Department of Health and Environmental Control
Childhood Vaccine Programs: STATE Vaccine Order Form
Instructions for Completing**

Purpose:

The purpose of the Childhood Vaccine Programs: STATE Vaccine Order Form is to provide a document, which can be used by DHEC Immunization Providers to request STATE Vaccine Program Vaccine.

Item-By-Item Instructions

1. Provider's PIN, Name and Address be pre-printed on the form.
2. Person completing the form should enter printed name and date.
3. Enter the number of STATE doses used since last order (Enter "0" if none)
4. Enter number of STATE vaccine doses in current inventory to include ALL lot numbers and ALL expiration dates for ALL STATE vaccine. The number of doses on hand must represent how many doses of STATE vaccine for that particular NDC, lot number, and expiration date are in the inventory. For example, if you have 5 doses of STATE Varicella NDC 00006-4827-00 with lot number AB43211XX and an expiration of 12/2018 and 6 doses of STATE Varicella NDC 00006-4827-00 with lot number AB43234XX with expiration of 01/2019, you will need to record the number of doses you have for each lot number and expiration date of that NDC (5 doses of Varicella NDC 00006-4827-00 with lot number AB43211XX with an expiration of 12/2018 and 6 doses of Varicella NDC 00006-4827-00 with lot number AB43234XX and an expiration of 01/2019). **ALL** vaccine in a provider's inventory, **for every program**, will need to be recorded for every order. If more than two lot numbers/expiration dates need to be recorded to document a complete inventory, make copy(ies) of vaccine order form and fill in space(s) indicated under STATE Vaccine Inventory (Doses on Hand) for appropriate vaccines, as needed.
5. Enter the number of doses of each STATE Vaccine Program vaccine requested.
6. A call for approval to our office is required if you are requesting a dose of Menevo.*
7. Provider will submit Childhood Program VFC, Childhood Program State, Adult Vaccine Program, Disease Control, and Employee Health inventories along with this order. Failure to submit inventories for all programs with this order form will delay order processing.

Office Mechanics and Filing

1. The completed STATE Vaccine Order Form must be retained in a file by both the provider and the VFC Program for (3) three years.
2. The STATE Vaccine Order Form can be obtained by logging into SCIAPPS.



SC DHEC Immunization Program Vaccine Order Form
ADULT VACCINE PROGRAM
 FAX TO: (803) 898-0318

PIN#:
 Vaccine Coordinator

All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.

Completed By

(Print Name):

Date Completed:

Phone: **Fax:**

****Please complete all sections on this order form for the Division of Immunizations to process your vaccine order. Inventory for all Programs (with exception of FFS) MUST be completed with every order. Call Division of Immunizations/VFC Program if any vaccine in your inventory is within 3 months of expiration and you do not anticipate using.****

ADULT VACCINE PROGRAM
(Pediatric VFC, Pediatric STATE, Disease Control and Employee Health vaccine must be ordered and maintained separately)

VACCINE			DOSES USED	VACCINE INVENTORY (DOSES ON HAND)									VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	BRAND	MIN. PER SHIP-MENT	DOSES REQUESTED
ADULT Hep A	Havrix-Syringe	58160-0826-52				/ /			/ /			/ /	Havrix-Syringe	10	
	Havrix-Vial	58160-0826-11				/ /			/ /			/ /	Havrix-Vial	10	
ADULT Hep B	Engerix B-Syringe	58160-0821-52				/ /			/ /			/ /	Engerix B-Syringe	10	
	Engerix B-Vial	58160-0821-11				/ /			/ /			/ /	Engerix B-Vial	10	
ADULT HPV	Gardasil 9 - Vial	00006-4119-03				/ /			/ /			/ /	Gardasil 9 - Vial	10	
ADULT PCV13	Prevnar 13 - Syringe	00005-1971-02				/ /			/ /			/ /	Prevnar 13 - Syringe	10	
ADULT PPSV23	Pneumovax-Syringe	00006-4837-03				/ /			/ /			/ /	Pneumovax-Syringe	10	
	Pneumovax-Vial	00006-4943-00				/ /			/ /			/ /	Pneumovax-Vial	10	
ADULT Td	Tenivac-Vial	13533-0131-01				/ /			/ /			/ /	Tenivac-Syringe	10	
ADULT Tdap	Boostrix - Syringe	58160-0842-52				/ /			/ /			/ /	Boostrix - Syringe	10	
	Boostrix - Vial	58160-0842-11				/ /			/ /			/ /	Boostrix - Vial	10	
Zoster	Zostavax - Vial	00006-4963-41				/ /			/ /			/ /	Zostavax - Vial	NOT AVAILABLE	
	Shingrix - Vial	58160-0819-12				/ /			/ /			/ /	Shingrix - Vial	1	
	Shingrix - Vial	58160-0823-11				/ /			/ /			/ /	Shingrix - Vial	10	

SC DHEC Immunization Program Vaccine Order Form
ADULT VACCINE PROGRAM
Instructions for Completing

Purpose:

The purpose of the Vaccine Order Form is to provide a document, which can be used by DHEC immunization providers to request vaccine for the Adult Vaccine Program.

Item-By-Item Instructions

1. Provider's PIN, Name, Address, Phone, and Fax will be pre-printed on the form.
2. All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.
3. Person completing the form should enter printed name and date.
4. Enter the number of Adult Vaccine Program doses used since last order (Enter "0" if none).
5. Enter number of doses in current Adult Vaccine Program inventory to include ALL lot numbers and ALL expiration dates for ALL Adult Vaccine Program vaccine. The number of doses on hand must represent how many doses for that particular NDC, lot number, and expiration date are in the VFC inventory. For example, if you have 5 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43211XX and an expiration of 12/2018 and 6 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43234XX with expiration of 01/2019, you will need to record the number of doses you have for each lot number and expiration date of that NDC (5 doses of Varicella NDC 00006-4827-00 with lot number AB43211XX with an expiration of 12/2018 and 6 doses of Varicella NDC 00006-4827-00 with lot number AB43234XX and an expiration of 01/2019). **All** vaccine in a provider's inventory, **for every program**, will need to be recorded for every order. If more than three lot numbers/expiration dates need to be recorded to document a complete inventory, make copy(ies) of vaccine order form and fill in space(s) indicated under Vaccine Inventory (Doses on Hand) for appropriate vaccines, as needed.
6. Enter the number of Adult Vaccine Program doses of each vaccine requested.
7. Provider will fax completed order form (including any additional inventory documentation) to the Division of Immunizations/VFC Program at 803-898-0318.
8. Provider will submit Childhood Program VFC, Childhood Program State, Adult Vaccine Program, Disease Control, and Employee Health inventories along with this order. Failure to submit inventories for all programs with this order form will delay order processing.

Office Mechanics and Filing

1. The completed Vaccine Order Form must be retained in a file by both the provider and the Division of Immunizations/VFC Program for (3) three years.
2. The Vaccine Order Form can be obtained by email logging into SCIAPPS.



SC DHEC Immunization Program Vaccine Order Form
DISEASE CONTROL
 FAX TO: (803) 898-0318

PIN#:
 Vaccine Coordinator

All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.

Completed By

(Print Name):

Date Completed:

Phone:

Fax:

****FOR EMERGENCY ORDERS, PLEASE CONTACT THE IMMUNIZATION DIVISION BY PHONE AT 1-803-898-0460 or 1-800-277-4687 TO ALERT DIVISION OF THE ORDER: DO NOT LEAVE VOICE MESSAGES.**

Please complete all sections on this order form.

Call Division of Immunizations/VFC Program if any vaccine in your inventory is within 3 months of expiration and you do not anticipate using.**

DISEASE CONTROL

(Pediatric VFC, Pediatric STATE, Adult Vaccine Program, and Employee Health vaccine must be ordered, inventoried, and stored separately)

VACCINE			DOSES USED	VACCINE INVENTORY (DOSES ON HAND)									VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	BRAND	MIN. PER SHIP-MENT	DOSES REQUESTED
ADULT Tdap	Boostrix - Syringe	58160-0842-52				/ /			/ /			/ /	Boostrix - Syringe	10	
	Boostrix - Vial	58160-0842-11				/ /			/ /			/ /	Boostrix - Vial	10	
ADULT Hepatitis A	Havrix - Vial	58160-0826-11				/ /			/ /			/ /	Havrix - Vial	10	
	Havrix - Syringe	58160-0826-52				/ /			/ /			/ /	Havrix - Syringe	10	
ADULT Hepatitis B	Engerix B - Vial	58160-0821-11				/ /			/ /			/ /	Engerix B - Vial	10	
	Engerix B - Syringe	58160-0821-52				/ /			/ /			/ /	Engerix B - Syringe	10	
ADULT MMR	MMRII	00006-4681-00				/ /			/ /			/ /	MMRII	10	
Men B	Bexsero	58160-0976-06				/ /			/ /			/ /	Bexsero	1	PENDING
	Bexsero	58160-0976-20				/ /			/ /			/ /	Bexsero	10	PENDING
	Trumenba	00005-0100-10				/ /			/ /			/ /	Trumenba	10	PENDING
ADULT Varicella	Varivax - Vial	00006-4827-00				/ /			/ /			/ /	Varivax - Vial	10	

Hepatitis B Immune Globulin, Immune Globulin, Varicella Zoster Immune Globulin and Meningococcal Polysaccharide vaccine are available upon request. Please call the Division of Immunizations to request these products at 1-803-898-0460 or 1-800-277-4687. For Immune Globulins, please have ready the volume (mL) of product needed for each patient and the last date the product can be administered to each patient. Do not leave voice messages to request these products.

SC DHEC Immunization Program Vaccine Order Form
DISEASE CONTROL
Instructions for Completing

Purpose:

The purpose of the Vaccine Order Form is to provide a document, which can be used by DHEC immunization providers to request vaccine for Disease Control.

Item-By-Item Instructions

1. Provider's PIN, Name, Address, Phone, Fax, and Email will be pre-printed on the form.
2. All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.
3. Person completing the form should enter printed name and date.
4. Enter the number of Disease Control doses used since last order (Enter "0" if none).
5. Enter number of doses in current Disease Control inventory to include ALL lot numbers and ALL expiration dates for ALL Disease Control vaccine. The number of doses on hand must represent how many doses for that particular NDC, lot number, and expiration date are in the VFC inventory. For example, if you have 5 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43211XX and an expiration of 12/2018 and 6 doses of VFC Varicella NDC 00006-4827-00 with lot number AB43234XX with expiration of 01/2019, you will need to record the number of doses you have for each lot number and expiration date of that NDC (5 doses of Varicella NDC 00006-4827-00 with lot number AB43211XX with an expiration of 12/2018 and 6 doses of Varicella NDC 00006-4827-00 with lot number AB43234XX and an expiration of 01/2019). **All** vaccine in a provider's inventory, **for every program**, will need to be recorded for every order. If more than three lot numbers/expiration dates need to be recorded to document a complete inventory, make copy(ies) of vaccine order form and fill in space(s) indicated under Vaccine Inventory (Doses on Hand) for appropriate vaccines, as needed.
6. Enter the number of Disease Control doses of each vaccine requested.
7. Provider will submit Childhood Program VFC, Childhood Program State, Adult Vaccine Program, Disease Control, and Employee Health inventories along with this order. Failure to submit inventories for all programs with this order form will delay order processing.

Office Mechanics and Filing

1. The completed Vaccine Order Form must be retained in a file by both the provider and the Division of Immunizations/VFC Program for (3) three years.
2. The Vaccine Order Form can be obtained by logging into SCIAPPS.



SC DHEC Immunization Program Vaccine Order Form
EMPLOYEE HEALTH
 FAX TO: (803) 898-0318

PIN#: _____
 Vaccine Coordinator

All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>

Completed By
 (Print Name):

Date Completed:

Phone: _____ Fax: _____

****Please complete all sections on this order form for the Division of Immunizations to process your vaccine order. Inventory MUST be completed with every order. Call Division of Immunizations/VFC Program if any vaccine in your inventory is within 3 months of expiration and you do not anticipate using.****

EMPLOYEE HEALTH
 (Pediatric VFC, Pediatric STATE, Adult Vaccine Program, and Disease Control vaccine must be ordered, inventoried, and stored separately)

VACCINE			DOSES USED	VACCINE INVENTORY (DOSES ON HAND)									VACCINE ORDER		
	BRAND	NDC	DOSES USED SINCE LAST ORDER	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	DOSES ON HAND	LOT #	EXPIRATION DATE mm/dd/yy	BRAND	MIN. PER SHIP-MENT	DOSES REQUESTED
Adult Td	Tenivac - Vial	13533-0131-01				/ /			/ /			/ /	Tenivac - Vial	10	
ADULT Tdap	Boostrix - Syringe	58160-0842-52				/ /			/ /			/ /	Boostrix - Syringe	10	
	Boostrix - Vial	58160-0842-11				/ /			/ /			/ /	Boostrix - Vial	10	
ADULT Hepatitis B	Engerix B - Vial	58160-0821-11				/ /			/ /			/ /	Engerix B - Vial	10	
	Engerix B - Syringe	58160-0821-52				/ /			/ /			/ /	Engerix B - Syringe	10	
ADULT MMR	MMRII - Vial	00006-4681-00				/ /			/ /			/ /	MMRII - Vial	10	
ADULT MenACWY*	Menactra - Vial	49821-0589-05											Menactra - Vial	5	
ADULT MenACWY*	Menveo - Vial	58160-0955-09				/ /			/ /			/ /	Menveo - Vial	NOT AVAILABLE	
Men B	Bexsero	58160-0976-06				/ /			/ /			/ /	Bexsero	1	PENDING
	Bexsero	58160-0976-20				/ /			/ /			/ /	Bexsero	10	PENDING
	Trumenba	00005-0100-10				/ /			/ /			/ /	Trumenba	10	PENDING
ADULT Varicella	Varivax - Vial	00006-4827-00				/ /			/ /			/ /	Varivax - Vial	10	

**SC DHEC Immunization Program Vaccine Order Form
EMPLOYEE HEALTH
Instructions for Completing**

Purpose:

The purpose of the Vaccine Order Form is to provide a document, which can be used by DHEC immunization providers to request vaccine for Employee Health.

Item-By-Item Instructions

1. Provider's PIN, Name, Address, Phone, Fax, and Email will be pre-printed on the form.
2. All provider updates (shipping information, vaccine coordinators, etc.) must be completed in SCIAPPS, located at <https://www.scdhec.gov/Apps/Health/SCIAPPS>.
3. Person completing the form should enter printed name and date.
4. Enter the number of Employee Health doses used since last order (Enter "0" if none).
5. Enter number of doses in current Employee Health inventory to include ALL lot numbers and ALL expiration dates for ALL Employee Health vaccine. The number of doses on hand must represent how many doses for that particular NDC, lot number, and expiration date are in the VFC inventory. For example, if you have 5 doses of VFC Varicella NDC
6. Enter the number of Employee Health doses of each vaccine requested.
7. Provider will submit Childhood Program VFC, Childhood Program State, Adult Vaccine Program, Disease Control, and Employee Health inventories along with this order. Failure to submit inventories for all programs with this order form will delay order processing.

Office Mechanics and Filing

1. The completed Vaccine Order Form must be retained in a file by both the provider and the Division of Immunizations/VFC Program for (3) three years.
2. The Vaccine Order Form can be obtained by logging into SCIAPPS.