



PANDEMIC INFLUENZA VACCINE ORDER FORM

Fax to 1800 723 256

Enquiries regarding orders/dispatch: 6222 7213

PROVIDER DETAILS

Date:	Person Ordering Vaccine:	Vaccine Account <u>Number</u> :
Practice Name:		
Delivery Address:		Opening Hours: (For delivery)
Phone:	Fax:	

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer? Y N
 How often is the temperature recorded?

Have vaccine fridge temperatures been between +2 to +8°C since last vaccine order? Y N
 (excludes excursions up to +12°C for less than 15 minutes when opening fridge)

In order to receive free Australian Government Vaccines, I agree that this practice will comply with cold chain recommendations in the National vaccine storage guidelines: Strive for 5.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/provider-store>

GP / Practice Manager / Practice Nurse (please circle)

Name:..... Signature:.....

PANDEMIC INFLUENZA VACCINE ORDER

		<u>DOSES</u> to be Supplied
Adult Influenza Vaccine (minimum 100 doses)	Panvax	
Paediatric Influenza Vaccine	Panvax	

Please use the space below to **reorder pack supplies and to **record usage and wastage rates**. Fax order form to 1800 723 256.**

PANDEMIC INFLUENZA SUPPLIES ORDER

Vaccination Packs	

PANDEMIC INFLUENZA VACCINE DISTRIBUTION

Doses Distributed (since last Panvax order)	
Doses Discarded (since last Panvax order)	

Please call 6222 7666 if you have any equipment problems prior to discarding.