



CONNECTICUT VACCINE PROGRAM VACCINE ORDER FORM (VOF)

Please read the instructions on page 3 before completing and submitting this form

Completed forms can be emailed to: dph.immunizations@ct.gov or by clicking Submit.

Remember to SAVE before you SUBMIT

<u>Facility Name and Shipping Address</u>				<u>Date of Report</u>			<u>Completed by</u>				<u>Dates Practice will be closed for the month. Do not include weekends.</u>			<u>PIN</u>
				<u>Month / Year Reporting:</u>			<u>Phone Number</u>							
Vaccine Brand	Vaccine	NDC Codes	Pack Size	Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses Administered
ActHib	Hib	49281-0545-03	5											
Adacel	Tdap	49281-0400-10	10											
Boostrix	Tdap	58160-0842-11	10											
Daptacel	DTaP	49281-0286-10	10											
Engerix-B	Hepatitis B	58160-0820-52	10											
Fluzone-Quad	Influenza .5mL Syr.	49281-0419-50	10											
FluLaval-Quad	Influenza .5mL Syr.	19515-0906-52	10											
FluMist	Influenza .2mL Spray	66019-0306-10	10											
Flucelvax-Quad	Influenza .5mL Syr.	70461-0319-03	10											
Gardasil 9	HPV 9	00006-4121-02	10											
Havrix	Hepatitis A	58160-0825-52	10											
Hiberix	Hib	58160-0818-11	10											
Infanrix	DTaP	58160-0810-11	10											
IPOL	IPV	49281-0860-10	10											
Kinrix	DTaP/IPV	58160-0812-52	10											

Facility Name: _____

DATE _____

PIN _____

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MMR II	MMR	00006-4681-00	10											
Menactra	MCV4	49281-0589-05	5											
Menveo	MCV4	58160-0955-09	5											
Pediarix	DTaP/IPV/Hep B	58160-0811-52	10											
Pedvax	Hib	00006-4897-00	10											
Pentacel	DTaP/IPV/Hib	49281-0510-05	5											
Prevnar 13	PCV 13	00005-1971-02	10											
ProQuad	MMRV	00006-4171-00	10											
Quadracel	DTaP/IPV	49281-0562-10	10											
Recombivax	Hepatitis B	00006-4981-00	10											
Rotarix	Rotavirus	58160-0854-52	10											
Rotateq	Rotavirus	00006-4047-41	10											
Td Vaccine	Td	13533-0131-01	1											
Tenivac	Td	49281-0215-10	1											
Vaqta	Hepatitis A	00006-4095-02	10											
Varivax	Varicella	00006-4827-00	10											
Bexsero	Meningococcal B	58160-0976-06	1											
Trumenba	Meningococcal B	00005-0100-10	10											
Pneumovax23*	PPSV23	00006-4943-03	1											

*FOR HIGH RISK PATIENTS ONLY

How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- [Click here](#) to download additional forms. FAX completed forms to **860-509-8371** or email dph.immunizations@ct.gov
- If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to dph.immunizations@ct.gov. Save and print a copy for your records. Please call (860) 509-7929 with any questions.

Identification & Shipping Information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
- Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
- **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order – DA) = actual inventory (+ or – transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration**. Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!

If you are interested in registering for VTrckS; CDC's online vaccine ordering and inventory management program, please send a request to:
dph.immunizations@ct.gov

Revised 1/19 Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, CT 06134 Phone (860) 509-7929 • Fax (860) 509-8371

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>