

North Carolina Department of Health and Human Services
Division of Public Health, Immunization Branch

VACCINE ORDER FORM

*Incomplete order forms will not be processed timely and may result in DELAYS in your vaccine shipment.
Call 1-877-873-6247 to place your order by phone or fax completed form to 1-800-544-3058*

FACILITY NAME _____ VACCINE COORDINATOR PERSON _____

FACILITY PHYSICAL ADDRESS _____ PROVIDER PIN # _____

CITY _____ ZIP CODE _____ DATE _____

PHONE NUMBER _____ EXT _____ FAX NUMBER _____

BUSINESS EMAIL ADDRESS _____

1. What are your facility hours of operation? Delivery Window Times? Special Instructions?

| | | |
|-----------|--|--|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

2. Facility lunch hours? _____

Products Available for Order

| Vaccine | Brand name/ Tradename | Packaging | Manufacturer | Doses On Hand | Doses Requested |
|------------------------------|--------------------------|--------------------------------|-----------------|------------------|--------------------|
| DTaP [1] | Daptacel® | 10 pack - 1 dose vial | Sanofi Pasteur | | |
| DTaP [1] | Infanrix® | 10 pack - 1 dose syringe | GlaxoSmithKline | | |
| DTaP-IPV [2] | Quadracel™ | 10 pack - 1 dose vial | Sanofi Pasteur | | |
| | | 10 pack - 1 dose syringe | | | |
| DTaP-IPV [2] | Kinrix® | 10 pack - 1 dose syringe | GlaxoSmithKline | | |

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|---|-----------------------|--------------------------|-----------------|--|--|
| DTaP-Hep B-IPV [4] | Pediarix® | 10 pack – 1 dose syringe | GlaxoSmithKline | | |
| DTaP-IP-HI [4] | Pentacel® | 5 pack – 1 dose vial | Sanofi Pasteur | | |
| DTaP-IPV-HIB-HEPB [6] | Vaxelis™ | 10 pack – 1 dose vial | Merck | | |
| | | 10 pack – 1 dose syringe | | | |
| e-IPV [5] | IPOL® | 1 pack – 10 dose vial | Sanofi Pasteur | | |
| Hepatitis A Pediatric [5] | Vaqta® | 10 pack – 1 dose syringe | Merck | | |
| Hepatitis A Pediatric [5] | Havrix® | 10 pack – 1 dose syringe | GlaxoSmithKline | | |
| Hepatitis A-Hepatitis B 18 only [3] | Twinrix® | 10 pack – 1 dose syringe | GlaxoSmithKline | | |
| Hepatitis B [5] | Engerix B® | 10 pack – 1 dose syringe | GlaxoSmithKline | | |
| Pediatric/Adolescent | | | | | |
| Hepatitis B [5] | Recombivax HB® | 10 pack – 1 dose vial | Merck | | |
| Pediatric/Adolescent | | 10 pack – 1 dose syringe | | | |
| Hib [5] | PedvaxHIB® | 10 pack – 1 dose vial | Merck | | |
| Hib [5] | ActHIB® | 5 pack – 1 dose vial | Sanofi Pasteur | | |
| Hib [5] | Hiberix® | 10 pack – 1 dose vial | GlaxoSmithKline | | |

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|--|-------------------|--------------------------|-----------------|--|--|
| HPV – Human Papillomavirus 9-valent [5] | Gardasil®9 | 10 pack – 1 dose syringe | Merck | | |
| MENB – Meningococcal Group B [5] | Trumenba® | 10 pack – 1 dose syringe | Pfizer | | |
| MENB – Meningococcal Group B [5] | Bexsero® | 10 pack – 1 dose syringe | GlaxoSmithKline | | |
| Meningococcal Conjugate (Groups A, C, W and Y) [5] | MenQuadfi™ | 5 pack – 1 dose vial | Sanofi Pasteur | | |
| Meningococcal Conjugate (Groups A, C, Y and W-135) [5] | Menveo® | 5 pack – 1 dose vial | GlaxoSmithKline | | |
| Measles, Mumps and Rubella (MMR) [1] | M-M-R®II | 10 pack – 1 dose vial | Merck | | |
| MMR/Varicella [2] | ProQuad® | 10 pack – 1 dose vial | Merck | | |
| Pneumococcal | Pevnar 13™ | 10 pack – 1 dose | Pfizer | | |

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|---|---------------------|--------------------------|-----------------|--|--|
| 13-valent [5] (Pediatric) | | syringe | | | |
| Pneumococcal Polysaccharide (23 Valent) | Pneumovax®23 | 10 pack – 1 dose syringe | Merck | | |
| Rotavirus, Live, Oral, Pentavalent [5] | RotaTeq® | 10 pack – 1 dose tube | Merck | | |
| | | 25 pack – 1 dose tube | | | |
| Rotavirus, Live, Oral, Oral [5] | Rotarix® | 10 pack – 1 dose vial | GlaxoSmithKline | | |
| Tetanus and Diphtheria Toxoids [3] | Tenivac® | 10 pack – 1 dose syringe | Sanofi Pasteur | | |
| | | 10 pack – 1 dose vial | | | |
| Tetanus and Diphtheria Toxoids [3] | TDVAX™ | 10 pack – 1 dose vial | Grifols | | |
| Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1] | Boostrix® | 10 pack – 1 dose vial | GlaxoSmithKline | | |
| | | 10 pack – 1 dose syringe | | | |
| Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1] | Adacel® | 10 pack – 1 dose vial | Sanofi Pasteur | | |

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|-------------------------------|-----------------|-------------------------|-------|--|--|
| | | 5 pack - 1 dose syringe | | | |
| Varicella [5] | Varivax® | 10 pack - 1 dose vial | Merck | | |

DHHS 1227 (REVISED 10/2022) IMMUNIZATION OFFLINE FORM

Purpose: Vaccine order request form for orders submitted outside of NCIR

Preparation: Complete and submit electronically by either email, or fax

Submit Vaccine Orders to: (ncirhelp@dhhs.nc.gov)_____

Fax: 1-800-544-3058

Disposition: Providers may retain this form for your records or destroy upon the receipt of the vaccine order. All vaccine shipments must be accepted and immediately unpacked and stored under proper conditions. Compare the vaccine shipping invoice to the vaccine products received, verify the product, quantity, manufacturer, lot number, and presentation against the vaccine shipping invoice. Contact the NCIP Helpdesk once the vaccine has been stored under proper conditions to report discrepancies between the shipping invoice and products received.

SPECIAL NOTES FOR HANDLING AND STORAGE OF VACCINES

- ◆ DTaP, DT Pediatric, IPV, Hep B, Hepatitis A – Hepatitis B Adult, Hib, Td Adult, Pneumococcal Conjugate and Pneumococcal Polysaccharide 23-valent (PPV23) vaccines should be refrigerated between 36° F to 46° F (2° C to 8°C) with an optimum temperature of 40° F (5° C).
- ◆ **Never expose refrigerated vaccine to temperatures below 36°F (2° C).**
- ◆ Varicella/MMR must be stored at 5°F (-15°C) to -58°F (-50°C) at all times in a stand-alone freezer. Store Varicella at an optimum temperature of 0°F (-20°C) at all times.
- ◆ Store MMR in the freezer with Varicella. Storing your MMR vaccine in the freezer with your Varicella vaccine significantly increases the viability status of the MMR vaccine should you have a power outage or refrigerator malfunction.
- ◆ Reconcile your vaccine inventory and rotate your vaccine stock weekly to ensure vaccines with the shortest expiration dates are used first.
- ◆ Never return viable vaccine to NCIP.
- ◆ Never intentionally spoil viable vaccine that is within the vaccine expiration date.
- ◆ Fill empty space in the refrigerator with jugs of water and line your freezer with gel packs to maintain temperature in the event of a power outage or refrigerator malfunction unless otherwise indicated by the units’ manufacturer.
- ◆ Store refrigerated vaccines on the middle shelf with a [CDC Compliant Digital Data Logger](#)
- ◆ Never store vaccine in the door of the refrigerator or freezer.
- ◆ Maintain a relevant temperature log for each refrigerator and freezer vaccine storage unit in use. Monitor temperatures twice a day and record the minimum and maximum every morning. Reset the min-max reading at the end of the day when the afternoon temperatures are measured. Provider organizations must retain vaccine unit temperature logs for three years.
- ◆ Contact the Immunization Branch Helpdesk for assistance with vaccine transfers. All providers are required to notify by either fax or phone if you have transferred vaccine to another provider/health department