

**Flu Vaccine Order Form**

Enquiries: QHIP  
 Telephone: 3328 9888  
 Facsimile: 3328 9720

Practice / Organisation Details

Date: \_\_\_\_/\_\_\_\_/2010 VSP No.:

VSP Name: .....

Address: ..... Postcode: .....

Telephone No.: ..... Fax No.: .....

Have vaccine fridge temperatures been between +2°C and +8°C since the last vaccine order?  
 YES  NO

Practice/organisation contact: ..... Please print name: .....  
 (Signature)

**NB:** To avoid any delays ensure all parts of this form are completed.

It is important to provide an accurate count of all influenza vaccine in your vaccine fridge with each order – failure to do so will delay the processing of your order.  
 Check and record expiry dates of vaccines and rotate shortest expiry dates to be used first.

Vaccine Type	Quantity on Hand	Expiry Date	Number of vaccines required
FLU – Seasonal Influenza Vaccine	Single doses		Single doses
FLU – Seasonal Influenza Vaccine (Paediatric)	Single doses		Single doses
Panvax® H1N1 influenza Vaccine - 10 vial pack (180 doses)	Full bottles		NO LONGER AVAILABLE
Panvax® H1N1 influenza Vaccine - 10 vial pack (100 doses)	Full bottles		Box of 10
Panvax H1N1 Junior® - pre-filled syringe (1 dose)	Single doses		Single doses

**Fax completed form to: Queensland Health Immunisation Program (QHIP)  
 Fax: 3328 9720**

Please accurately complete the Quantity on Hand and Number of Vaccines Required.  
**Failure to do so will delay your order.**