

# PROVIDER REQUEST FOR CHILDHOOD VACCINE

Snohomish Health District  
3020 Rucker Ave. Suite 108  
Everett, WA 98201  
425-339-5220

**Fax Completed Request**  
**To: 425-339-5222**

Provider PIN# 

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<b>SHIP TO:</b>					<b>DATE ORDERED:</b>									
<b>SHIPPING ADDRESS:</b>					Check If Any Shipping Changes <input type="checkbox"/>									
<b>CONTACT:</b>														
TELEPHONE: ( )					FAX: ( )									
<b>DELIVERY TIMES:</b> Please specify all days and hours your clinic is available to receive vaccine. (e.g., 9AM-3PM)					<input type="checkbox"/> <b>Monday</b> AM _____ to _____ PM _____ to _____		<input type="checkbox"/> <b>Tuesday</b> AM _____ to _____ PM _____ to _____		<input type="checkbox"/> <b>Wednesday</b> AM _____ to _____ PM _____ to _____		<input type="checkbox"/> <b>Thursday</b> AM _____ to _____ PM _____ to _____		<input type="checkbox"/> <b>Friday</b> AM _____ to _____ PM _____ to _____	

**Special Shipping Instructions:**

Vaccine	Description	<b>MUST COMPLETE ALL FIELDS BELOW***</b>				
		Doses Used Last Month	Doses On Hand	Vial Size (Doses)	Minimum Order (Doses)	Number of Doses Ordered*
<b>DT</b> (Pediatric)	Diphtheria & Tetanus - 10x1 dose vial			1	10	
<b>DTaP</b>	<b>DAPTACEL</b> <sup>®</sup> - 10x1 dose vial Diphtheria & tetanus toxoids & acellular pertussis vaccine			1	10	
<b>DTaP – Hep B – IPV**</b>	<b>PEDIARIX</b> <sup>®</sup> - 10x1 dose syringe Diphtheria & tetanus toxoids and acellular pertussis, Hepatitis B, and IPV combination vaccine			1	10	
<b>DTaP – IPV – Hib**</b>	<b>PENTACEL</b> <sup>®</sup> - 5x1 dose vial Diphtheria & tetanus toxoids and acellular pertussis, IPV, and <i>Haemophilus influenzae</i> type b Conjugate combination vaccine			1	5	
<b>Hep A</b> (Pediatric)	<b>HAVRIX</b> <sup>®</sup> - 10x1 dose vial Hepatitis A Pediatric/Adolescent			1	10	
<b>Hep B</b>	<b>ENGERIX-B</b> <sup>®</sup> - 10x1 dose vial Hepatitis B Pediatric/Adolescent			1	10	
<b>Hib</b>	<b>ActHIB</b> <sup>®</sup> - 5x1 dose vial <i>Haemophilus influenzae</i> type b Conjugate			1	5	
<b>HPV</b>	<b>GARDASIL</b> <sup>®</sup> - 10x1 dose vial Human Papillomavirus Quadrivalent (Types 6, 11, 16,18) vaccine			1	10	
<b>IPV</b>	<b>IPOL</b> <sup>®</sup> - 10 dose vial Inactivated Poliovirus vaccine			10	10	
<b>MCV</b>	<b>Menactra</b> <sup>®</sup> - 5x1 dose vial Meningococcal (Groups A, C, Y & W-135) Conjugate vaccine			1	5	
<b>MMR</b>	<b>M-M-R</b> <sup>® II</sup> - 10x1 dose vial Measles, Mumps, and Rubella combination vaccine			1	10	
<b>PCV</b>	<b>Prenar 13</b> <sup>®</sup> - 10x1 dose syringe Pneumococcal Conjugate 13-valent			1	10	
<b>PPSV</b>	<b>PNEUMOVAX 23</b> <sup>®</sup> - 5 dose vial ( <b>Special Circumstances Only</b> ) Pneumococcal vaccine polyvalent			5	5	
<b>Rota</b>	<b>RotaTeq</b> <sup>®</sup> - 10x1 dose tube Rotavirus (Pentavalent)			1	10	
<b>Td</b>	Tetanus & diphtheria toxoids adsorbed - 10x1 dose syringe			1	10	
<b>Tdap</b>	<b>BOOSTRIX</b> <sup>®</sup> - 10x1 dose vial Tetanus & diphtheria toxoids and acellular pertussis vaccine			1	10	
<b>Varicella</b>	<b>VARIVAX</b> <sup>®</sup> - 10x1 dose vial ( <b>Freezer Storage Only</b> ) Varicella vaccine			1	10	

\*See Back Page for ordering guidelines.

\*\*Supplies of combination vaccines are limited; order only enough combination vaccine for children in the indicated age range

\*\*\*Doses used last month and doses on hand for each vaccine, including vaccines not ordered, are required with every order

LHJ Use Only			DOH Use Only	
Order Number: _____	Order Entered / Approved By: _____	Order Entry Date: _____		

# PROVIDER REQUEST FOR CHILDHOOD VACCINE

Vaccine	Description	General Guidelines for Use*
<b>DT</b> (Pediatric)	Diphtheria & Tetanus (sanofi pasteur)	<ul style="list-style-type: none"> <li>• 6 weeks of age up to the 7<sup>th</sup> birthday with pertussis contraindication</li> </ul>
<b>DTaP</b>	<b>DAPTACEL</b> <sup>®</sup> Diphtheria & Tetanus toxoids and acellular Pertussis vaccine (sanofi pasteur)	<ul style="list-style-type: none"> <li>• 6 weeks of age up to the 7<sup>th</sup> birthday</li> </ul>
<b>DTaP – Hep B – IPV</b>	<b>PEDIARIX</b> <sup>®</sup> Diphtheria & Tetanus toxoids and acellular Pertussis adsorbed, Hepatitis B, and IPV combination vaccine (GlaxoSmithKline)	<ul style="list-style-type: none"> <li>• 2, 4 and 6 months of age needing all antigens</li> <li>• May be used for catch-up vaccination of children up to 7 years of age who have not completed the primary series</li> <li>• Does not use to replace the birth dose of Hepatitis B</li> <li>• Individual antigen orders should be decreased to offset combination vaccines ordered</li> </ul>
<b>DTaP – IPV – Hib</b>	<b>PENTACEL</b> <sup>®</sup> Diphtheria & Tetanus toxoids and acellular Pertussis adsorbed, IPV, and <i>Haemophilus influenzae</i> type b conjugate combination vaccine (sanofi pasteur)	<ul style="list-style-type: none"> <li>• Indicated for the primary doses of DTaP, IPV, and Hib series at 2, 4 and 6 months of age</li> <li>• May be used for any dose of the primary Hib series for children 6 weeks of age up to the 5<sup>th</sup> birthday</li> <li>• See complete guidelines for considerations</li> </ul>
<b>Hep A</b> (Pediatric)	<b>HAVRIX</b> <sup>®</sup> Hepatitis A vaccine, Pediatric/Adolescent (GlaxoSmithKline)	<ul style="list-style-type: none"> <li>• 1 year of age up to the 19<sup>th</sup> birthday</li> </ul>
<b>Hep B</b>	<b>ENGERIX-B</b> <sup>®</sup> Hepatitis B vaccine, Pediatric/Adolescent (GlaxoSmithKline)	<ul style="list-style-type: none"> <li>• At birth up to the 19<sup>th</sup> birthday or who meet high risk criteria</li> <li>• DTaP/HepB/IPV does not replace the birth dose of Hepatitis B</li> </ul>
<b>Hib</b>	<b>ActHIB</b> <sup>®</sup> <i>Haemophilus influenzae</i> type b conjugate vaccine (sanofi pasteur)	<ul style="list-style-type: none"> <li>• 6 weeks of age up to the 5<sup>th</sup> birthday</li> </ul>
<b>HPV</b>	<b>GARDASIL</b> <sup>®</sup> Human Papillomavirus Quadrivalent (Types 6, 11, 16,18) vaccine (Merck)	<ul style="list-style-type: none"> <li>• Females 9 years of age up to 19<sup>th</sup> birthday who are eligible for state supplied vaccine (see the Guidelines for the Use of State Supplied Vaccine for full details)</li> </ul>
<b>IPV</b>	<b>IPOL</b> <sup>®</sup> Inactivated Poliovirus vaccine (sanofi pasteur)	<ul style="list-style-type: none"> <li>• 6 weeks of age up to the 19<sup>th</sup> birthday</li> </ul>
<b>MCV</b>	<b>Menactra</b> <sup>®</sup> Meningococcal (Groups A, C, Y & W-135) Polysaccharide Diphtheria Toxoid Conjugate vaccine (sanofi pasteur)	<ul style="list-style-type: none"> <li>• 11 years of age up to the 19<sup>th</sup> birthday</li> <li>• 2 years of age up to the 19<sup>th</sup> birthday who meet high risk criteria</li> </ul>
<b>MMR</b>	<b>M-M-R</b> <sup>®</sup> II Measles, Mumps, and Rubella combination vaccine (Merck)	<ul style="list-style-type: none"> <li>• 12 months of age up to the 19<sup>th</sup> birthday</li> </ul>
<b>PCV</b>	<b>Prenar 13</b> <sup>®</sup> Pneumococcal Conjugate 13-valent vaccine (Wyeth)	<ul style="list-style-type: none"> <li>• 2 months of age up to the 5<sup>th</sup> birthday</li> </ul>
<b>PPSV</b>	<b>PNEUMOVAX 23</b> <sup>®</sup> Pneumococcal Polyvalent vaccine (Merck)	<ul style="list-style-type: none"> <li>• <b>Special Circumstances Only:</b> high risk children only, 2 years of age up to the 19th birthday.</li> </ul>
<b>Rota</b>	<b>RotaTeq</b> <sup>®</sup> Rotavirus (Pentavalent) vaccine (Merck)	<ul style="list-style-type: none"> <li>• 6 weeks of age through 32 weeks</li> </ul>
<b>Td</b>	Tetanus & Diphtheria toxoids adsorbed (Massachusetts Biological Labs)	<ul style="list-style-type: none"> <li>• 7 years of age up to the 19<sup>th</sup> birthday for whom Tdap is contraindicated or unavailable</li> </ul>
<b>Tdap</b>	<b>BOOSTRIX</b> <sup>®</sup> Tetanus & Diphtheria toxoids and acellular Pertussis vaccine (GlaxoSmithKline)	<ul style="list-style-type: none"> <li>• 11 years of age up to the 19th birthday</li> </ul>
<b>Varicella</b>	<b>VARIVAX</b> <sup>®</sup> Varicella vaccine (Merck)	<ul style="list-style-type: none"> <li>• 12 months of age up to the 19<sup>th</sup> birthday</li> <li>• Providers must be certified to order varicella vaccine</li> </ul>

\*For complete list of guidelines, see Immunization Guidelines for the Use of State-Supplied Vaccines located at: <http://www.doh.wa.gov/cfh/immunize/documents/vacusage.pdf>

### Manufacturer Quality Control Office Telephone Numbers:

<ul style="list-style-type: none"> <li>• GlaxoSmithKline, 866-475-8222 or 888-825-5249, <a href="http://www.gsk.com">www.gsk.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• sanofi pasteur, 800-822-2463, <a href="http://www.sanofipasteur.us">www.sanofipasteur.us</a></li> </ul>
<ul style="list-style-type: none"> <li>• Merck, 800-609-4618 or 800-672-6372, <a href="http://www.merckvaccines.com">www.merckvaccines.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• Wyeth, 800-999-9384, <a href="http://www.wyeth.com">www.wyeth.com</a></li> </ul>
<ul style="list-style-type: none"> <li>• Massachusetts Biological Labs, 617-474-3000 or 617-983-6400</li> </ul>	

If you have a disability and need this document in another format, please call 1-800-322-2588 (711—TTY relay).