REQUEST FOR INFLUENZA VACCINE

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 60014

Division of Disease Control
2635 East Main Ave
PO Box 5520
Bismarck, ND 58506-5520
Telephone No.: 701.328.3386 or toll-free 800.472.2180
Fax No.: 701.328.2499

Provider		
Provider ID Number:	**Provider Name:**	**Date:**
Contact Person:	**Telephone Number:**	**E-mail Address:**
Comments/Special delivery instructions:		

Ages	Packaging	Unit size (in doses)	Code (NDDoH use)	Doses Requested	Doses on Hand
6 – 35 months	0.25 mL syringe	10			
3 – 18 years	0.5 mL syringe	10			
	0.5 mL vial	10			
6 months – 18 years	Multi-dose vial	10			
2 – 18 years	FluMist 0.2 mL sprayer	10			

Depending on patient demand and the supply available, providers may not be able to request more than the amount they pre-booked for in February.

Contact the North Dakota Immunization Program with questions or concerns at 701.328.3386 or toll-free 800.472.2180.