

### Request for Vaccine

<b>Provider ID Number:</b>	<b>Provider Name:</b>	<b>Date:</b>	
<b>Delivery Address:</b>	<b>City:</b>	<b>State:</b> <b>ND</b>	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>	<input type="checkbox"/> Check here if this is a new address, telephone number, or contact person.	

**Special Delivery Instructions:**

All sections must be completed in order for your order to be processed. Allow up to 3 weeks for delivery. Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (weather permitting). Orders will not be filled until the NDDoH has received a doses administered report and temperature charts.

Vaccines	Packaging	Unit size (in doses)	Doses Requested	Doses on Hand
DTaP (For children ≤6 years of age)	Syringes	5		
	Single-dose vials	10		
DTaP/HepB/IPV (Pediatrix®) – <b><u>IHS only</u></b>	Syringes	5		
	Single-dose vials	10		
DTaP/Hib/IPV (Pentacel®)	Single-dose vials	5		
DTaP-IPV (Kinrix®)	Single-dose vials	10		
	Syringes	5		
Hepatitis A	<b>Havrix®</b> Syringes	5		
	<b>Havrix®</b> Single-dose vials	10		
	<b>Vaqtal®</b> Single-dose vials	10		
Hepatitis B	Syringes	5		
	Single-dose vials	10		
Hib (PedvaxHIB®) – <b><u>IHS only</u></b>	Single-dose vials	10		
Hib (ActHIB®)	Single-dose vials	5		
Hib (Hiberix®)	Single-dose vials	10		
HPV	Single-dose vials	10		
IPV	Multi-dose vials	10		
Meningococcal Conjugate Vaccine (MCV-4)	Single-dose vials	5		
MMR	Single-dose vials	10		
Pneumococcal Conjugate Vaccine (PCV-7)	Syringes	10		
Pneumococcal Polysaccharide Vaccine (PPV-23)	Multi-dose vials	5		
Rotavirus (Rotateq®)	Single-dose tubes	10		
Rotavirus (Rotarix®)	Single-dose vials	10		
Tdap	<b>Boostrix®</b> Syringes	5		
	<b>Boostrix®</b> Single-dose vials	10		
	<b>Adacel®</b> Single-dose vials	10		
	<b>Adacel®</b> Syringes	5		
Varicella (Shipped directly from manufacturer)	Single-dose vials	10		
HBIG (Available to hospitals for perinatal use only)	Single-dose vials	1		
Td (Available for use in children ≥7 years of age who have not completed the primary series of DTaP)	Syringes	10		
DT pediatric (Contact ND Immunization Program for pre-approval before ordering)	Single-dose vials	10		

## Request for Materials

### Provider

<b>Provider ID Number:</b>	<b>Provider Name:</b>	<b>Date:</b>	
<b>Delivery Address:</b>	<b>City:</b>	<b>State:</b> <b>ND</b>	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Telephone No.:</b>	<input type="checkbox"/> <b>Check here if this is a new address, telephone number, or contact person.</b>	

**Note: Please allow 2 weeks for delivery of materials**

Item	Quantity	Item	Quantity
<b>CDC Vaccine Information Statements</b>		<b>Miscellaneous</b>	
Chickenpox Vaccine		Baby 411 (Ari Brown)	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccine		Health Record Folder with inserts	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		Health Record Folder without inserts	
Hepatitis A Vaccine		Immunizations for Babies (A Guide for Parents)	
Hepatitis B Vaccine		Recommended Childhood Immunization Schedule (CDC)	
Human papillomavirus (HPV) Vaccine		Screen Questionnaire for Child and Teen Immunizations	
Inactivated Influenza		Vaccinations for Adults	
Live Attenuated Influenza		When Do Children and Teens Need Vaccinations? (chart)	
Meningococcal Vaccine		<b>State Forms</b>	
MMR Vaccine		Certificate of Immunization (SFN 16038)	
Multiple Vaccines		Lifetime Immunization Record (SFN 13895)	
Pneumococcal Conjugate Vaccine		Request for Vaccine/Materials (SFN 13800)	
Pneumococcal Polysaccharide Vaccine		Temperature Log (Fahrenheit) (SFN 53775)	
Polio Vaccine		Temperature Log (Celsius) (SFN 58468)	
Rotavirus Vaccine		Temperature Log (Fahrenheit and Celsius) (SFN 58469)	
Shingles Vaccine		Vaccine Administration Monthly Report (SFN 53774)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)/ Td		Vaccine Administration Record 2-part (SFN 18385)	
<b>Camera-ready copy:</b> (please circle) Rabies    Typhoid    Yellow Fever		Vaccine Administration Record (Series) (SFN 50922)	
<b>Brochures</b>		Vaccine Transfer Form (SFN 53766)	
Help Prevent Cervical Cancer: HPV Vaccination for Your Daughter		Vaccine Return and Wastage Form (SFN 53767)	
The HPV Vaccine: Your Cervical Cancer Defense		North Dakota Advisory Committee Immunization Schedule 2008	
What if you don't immunize your child?		North Dakota Immunization Schedule for Indian health Services 2008	
Questions parents ask about baby shots		Adult Tdap Flyer	
<b>Miscellaneous</b>		Vaccine Safety Fact Sheet	
Vaccine Safety Q & A (CHOP)		It's My Turn Poster (Cellphone) 8 X 11	
Reliable Sources of Immunization Information		It's My Turn Poster (Cellphone) 11 X 17	
Vaccine Adverse Events Reporting Form (VAERS)		It's Their Turn Poster (Teens) 8 X 11	
After the Shots... What to do if your child has discomfort		It's Their Turn Poster (Teens) 11 X 17	
Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!		It's Their Turn Fact Sheet	

**Fax Completed Form To: NDDoH, Division of Disease Control**  
**Fax No.: 701.328.2499**  
**Phone No.: 701.328.3386 or 800.472.2180**