REQUEST FOR VACCINE

NORTH DAKOTA DEPARTMENT OF HEALTH

SFN 13800 (Revised 07/2011)

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

PROVIDER ID NUMBER:	PROVIDER NAME:	DATE:

CONTACT PERSON:	TELEPHONE NUMBER:	EMAIL ADDRESS:

1. Within the past month, have you submitted to the NDDoH the temperature logs for your VFC vaccine storage units? ☐ Yes ☐ No
   - Are the recorded temperatures in the storage units within the required ranges? ☐ Yes ☐ No
2. Have you submitted a doses administered report to the NDDoH? ☐ Yes ☐ No

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "NO" OR LEFT BLANK, THE ORDER WILL NOT BE PROCESSED UNTIL REQUIREMENTS ARE FULFILLED.

Vaccines	Manufacturer	Brand name/ Trade name	Packaging	Unit size (doses)	Code (NDDoH)	Doses Requested	Doses on Hand
DTaP	GSK	Infanrix®	Syringes	10	INS		
			Single-dose vials	10	INV		
	Sanofi pasteur	Daptacel®	Single-dose vials	10	DAP		
DTaP-IPV/Hib	Sanofi pasteur	Pentacel®	Single-dose vials	5	PNL		
DTaP/HepB/IPV	GSK	Pediarix®	Syringes	10	PXS		
DTaP-IPV	GSK	Kinrix®	Single-dose vials	10	KXV		
			Syringes	10	KXS		
Hepatitis A	Merck	Vaqta®	Single-dose vials	10	VAQ		
	GSK	Havrix®	Single-dose vials	10	HAV		
			Syringes	10	HAS		
Hepatitis B	GSK	Engerix B®	Syringes	10	HBS		
			Single-dose vials	10	HBV		
	Merck	Recombivax®	Single-dose vials	10	RBX		
Hib	Merck	PedvaxHIB®	Single-dose vials	10	PED		
	Sanofi pasteur	ActHIB®	Single-dose vials	5	ACT		
HPV4	Merck	Gardasil®	Single-dose vials	10	GDL		
IPV	Sanofi pasteur	Ipol®	Multi-dose vials	10	POL		
Meningococcal Conjugate Vaccine (MCV4)	Sanofi pasteur	Menactra®	Single-dose vials	5	MNA		
	Novartis	Menveo®	Single-dose vials	5	MVO		
MMR	Merck	MMRII®	Single-dose vials	10	MMR		
Pneumococcal Conjugate Vaccine (PCV-13)	Pfizer	Prevnar13™	Syringes	10	PCV		
Pneumococcal Polysaccharide Vaccine (PPV-23)	Merck	Pneumovax®	Multi-dose vials	5	PPV		
Rotavirus	Merck	Rotateq®	Single-dose tubes	10	TEQ		
	GSK	Rotarix®	Single-dose vials	10	RIX		
Tdap	Sanofi pasteur	Adacel®	Syringes	5	ADS		
		Adacel®	Single-dose vials	10	ADV		
	GSK	Boostrix®	Single-dose vials	10	BXV		
		Boostrix®	Syringes	10	BXS		
Varicella	Merck	Varivax®	Single-dose vials	10	VAR		
Td	Sanofi pasteur	Decavac®	Syringes	10	DCS		
			Single-dose vials	10	DCV		
	MassBiologics		Single-dose vials	10	TD		

EXPLANATION FOR LARGE ORDERS AND/OR SPECIAL DELIVERY INSTRUCTIONS:

- **HBIG, pediatric DT and Twinrix® are also available for order. Please contact the ND Immunization Program at 800.472.2180 for approval and ordering information.**
- **If a certain presentation or brand is not currently available for order through CDC, the NDDoH will order an interchangeable brand or presentation on your behalf.**
- **Visit our website at http://www.ndhealth.gov/immunize for vaccine updates, VFC information and updated forms.**

REQUEST FOR MATERIALS
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 59929 (Revised 11-2011)

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

Request for Materials

PROVIDER ID NUMBER:	PROVIDER NAME:	DATE:
CONTACT PERSON:	TELEPHONE NUMBER:	EMAIL ADDRESS:

Item	Quantity	Item	Quantity
CDC Vaccine Information Statements – *Publication Date*			
Chickenpox – *03/13/08*		MMRV – *05/21/10*	
Diphtheria, Tetanus and Pertussis (DTaP) – *05/17/07*		Multiple (Your Baby's First Vaccines) – *09/18/08*	
Haemophilus influenzae type B (Hib) – *12/16/98*		Pneumococcal conjugate – *04/16/10*	
Hepatitis A – *10/25/11*		Pneumococcal polysaccharide – *10/06/09*	
Hepatitis B – *07/18/07*		Polio – *01/01/00*	
Human papillomavirus (HPV) – *05/03/11*		Rotavirus – *12/06/10*	
Inactivated influenza – *07/26/11*		Shingles – *10/06/09*	
Intranasal influenza – *07/26/11*		Tetanus, Diphtheria and Pertussis (Tdap/Td) – *11/18/08*	
Meningococcal – *10/14/11*		**Camera-ready copy**: (please circle) Rabies Typhoid Yellow Fever	
MMR – *03/13/08*			
Other Available Print Materials			
Adult Tdap Flyer		*It's Their Turn* poster (teens) 8x11 / 11x17	
After the Shots…What to do if your child has discomfort		Lifetime Immunization Record (SFN 13895)	
Baby 411 (Dr. Ari Brown)		North Dakota Advisory Committee Immunization Schedule	
Certificate of Immunization (SFN 16038)		North Dakota Immunization Schedule for Indian Health Services (IHS)	
Health Record Folder with inserts		Recommended Childhood Immunization Schedule (CDC)	
Health Record Folder without inserts		Screening Questionnaire for Child and Teen Immunizations	
If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities (CDC/AAP/AAFP)		Vaccine Administration Record 2-part (SFN 18385)	
It's My Turn poster (cell phone) 8x11 / 11x17		Vaccine Adverse Events Reporting Form (VAERS)	
It's Their Turn fact sheet		Vaccine-Preventable Disease: The Forgotten Story Updated Version (Center for Vaccine Awareness and Research, Texas Children's Hospital) *limit 10 books per order; limited supply available*	

Fax completed form to:
NDDoH Immunization Program
Division of Disease Control
Fax: 701.328.2499
Phone: 701.328.3386 or 800.472.2180