

Immunisation Program Government Funded Vaccine Order Form



Tel: 1300 882 008
Fax: 1300 768 088
Email: immunisation@dhs.vic.gov.au

Order from:

Doctor Name:	DHS Account No.:
*Registration No.:	Expiry:

OR

LGA / Centre Name:	DHS Account No.:
*Health Services Permit No.:	Expiry:

*LGA's are not required to complete Registration No. or Health Services Permit No.

LGA / Doctor / Centre Delivery address (not post office box):

Date:

Tel:

Fax:

In order to receive Government funded vaccines, I agree that: (1) this centre complies with the recommended vaccine cold chain storage of 2°–8°C as stated in the National Vaccine Storage Guideline, Strive for 5: www.immunise.health.gov.au, and (2) in the event of a cold chain breach I will call DHS to discuss **before** discarding any vaccines.

Signature of authorised person:

Print name:

ONLY STORE A MAXIMUM ONE MONTH OF STOCK ON HAND

National Immunisation Program Vaccines (click here to see the guide for use in Victoria)	Brand	Number of doses in stock	Number of doses required	Send 10 pack if available
Diphtheria, Tetanus, Pertussis, Hepatitis B, Inactivated Poliomyelitis and <i>Haemophilus influenzae</i> type b, (2, 4, 6 months)	Infanrix hexa			<input type="checkbox"/>
Oral Rotavirus (2, 4 and 6 months)	RotaTeq			<input type="checkbox"/>
Childhood Pneumococcal (2, 4 and 6 months)	Prevenar			<input type="checkbox"/>
Meningococcal C (12 months)	NeisVacC			<input type="checkbox"/>
Measles, Mumps, Rubella (12 months and 4 years)	Priorix			<input type="checkbox"/>
<i>Haemophilus influenzae</i> type b (12 months)	Hiberix			<input type="checkbox"/>
Varicella (18 months and Year 7 school catch-up program)	Varilrix			<input type="checkbox"/>
Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliomyelitis (4 years)	Infanrix IPV			<input type="checkbox"/>
HPV (Females in school program and aged 18–26 years)	Gardasil			<input type="checkbox"/>
Hepatitis B (Year 7 school catch-up program)	Adult HB Vax II			<input type="checkbox"/>
Adolescent Diphtheria, Tetanus & acellular Pertussis (Year 10 school program)	Boostrix			<input type="checkbox"/>
Adult Diphtheria & Tetanus Booster (50 year old booster)	ADT Booster			<input type="checkbox"/>
Influenza (Annual: adults 65 years and older, Aboriginal and Torres Strait Islander (ATSI) people aged between 15 and 49 years with health risks and ATSI people aged 50 years and older)	As supplied			<input type="checkbox"/>
Pneumococcal (adults 65 years and older; ATSI people 50 years and older; ATSI people 15 to 49 years with high risk underlying medical condition; children with high risk underlying medical condition at 4–5 years old)	Pneumovax 23			<input type="checkbox"/>
Vaccines required for special circumstances	*Call DHS on 1300 882 008 to discuss			
Hepatitis B Paediatric (Maternity hospitals for neonates)	Paediatric HB Vax II			<input type="checkbox"/>
<i>Haemophilus influenzae</i> type b and Hepatitis B (only at 12 months)	Comvax			<input type="checkbox"/>
Human Tuberculin — Tubersol 1ml vial (approx 10 tests)	PPD			<input type="checkbox"/>
Inactivated Poliomyelitis — *spoken with:	IPOL*			<input type="checkbox"/>

Please allow a MINIMUM of 3 business days for processing and delivery of your vaccine order
Orders will not be filled unless the 'Number of doses in stock' column is completed

Vaccine delivery enquiries: 1800 008 275 (CSL Parkville)