

SOUTH DAKOTA DEPARTMENT OF HEALTH REQUISITION FOR SHIPMENT OF BIOLOGICALS

Clinic/Hospital Name: _____ VFC Provider Number: _____ Phone #: _____

Address: _____ SD, _____ Contact Person: _____

VACCINE TYPE	Minimum # Doses Available to Order	NUMBER DOSES REQUESTED	VACCINE TYPE continued..	Minimum # Doses Available to Order	NUMBER DOSES REQUESTED
DTaP	10		Pneumococcal Conjugate (PCV13)	10	
Diphtheria-Tetanus (DT) Contraindication to Pertussis only!	10		Rotavirus Vaccine (RotaTeq - 3 dose series)	10	
DTaP - Polio Combination (Kinrix) 4 to 6 year olds only	10		Rotavirus Vaccine (Rotarix - 2 dose series)	10	
DTaP - Hepatitis B - Polio Combination (Pediarix)	5		Tetanus-Diphtheria (Td) Children 7 - 10 yrs	10	
DTaP - Hib - Polio Combination (Pentacel)	5		Tdap	10	
Hepatitis A	10		Varicella (Shipped to your facility directly from Merck.)	10	
Hepatitis B	10				
Hib (Single Antigen)	5				
HPV	10				
IPV (Enhanced Inactivated Poliovirus)	10		FOR PUBLIC HEALTH OFFICES ONLY		
Measles Mumps Rubella (MMR)	10		PPD (TB Skin Test Antigen) 10 dose vial	10	
Meningococcal	5		PPD (TB Skin Test Antigen) 50 dose vial	50	

*****VACCINE PROGRAM ITEMS AVAILABLE TO VFC PROVIDERS*****

Vaccine Information Statements (50/PAD)	# PADS	OTHER AVAILABLE FORMS	# PADS	OTHER AVAILABLE ITEMS	EACH
DTaP VIS		After the Shots...		Current Immunization Schedules (1 color copy of each)	
Hepatitis A VIS		Vaccine Administration Record - Pediatric		VAERS (vaccine adverse event reporting)	
Hepatitis B VIS		Vaccine Administration Record - Adult		Ring Bound Refrigerator Charts	
Hib VIS		Patient VFC Eligibility Screening Record		SDIIS Reminder/Recall Postcards (50/pkg)	
HPV (Gardasil) VIS		Vaccine Order Forms (25/pad)		Pocket Lifetime Immunization Record Cards (50)	
Meningococcal VIS		Monthly Doses Administered Report (SDIIS Reports Preferred)		Gel Refrigerator Thermometer*	
MMR VIS		Celsius Temperature Logs (50/pad)		Gel Freezer Thermometer*	
Pneumococcal VIS		Vaccine Transfer/Wastage Report form (25/pad)		Red Pen Refills for Dickson* (6 pens/pkg)	
Polio VIS		Certificate of Immunization (50)		4 inch disks for Dickson* (60 disks/pkg)	
Rotavirus VIS				Dickson Temperature Recorder* (each)	
Tdap/Td VIS				* Please note that these are only for use in refrigerators/freezers holding VFC program vaccines. • Dickson Recorders are good for two years from the date of first calibration found on the back of the recorder.	
Varicella VIS					
Your Baby's First Vaccines Multi VIS..					

Questions regarding vaccine order, contact the Immunization Program. Phone (605)773-4963, Fax (605) 773-4113
Doses Administered Report and Clinic Inventory Reports are due by the 5th of every month for all providers!

Vaccine Orders are due by the 5th of each month your tier can order!!
 Revised 07 / 2010