

2010-2011 SEASONAL INFLUENZA ORDER FORM

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

Address: _____ City: _____ SD, _____ Contact Person: _____

Description of Vaccine	Minimum # Doses Available to Order	Number of DOSES Requested
Multi-dose Vial for ages 6 months through 18 years	10	
Preservative Free Syringe .25mL for 6 - 35 month old children	10	
Preservative Free Single Dose .5mL for 36 months - 18 years	10	

Vaccine Information Statements	Sheets per Pad	Number of PADS Requested
Inactivated Influenza VIS	50	

PLEASE READ CAREFULLY!

This is the order form for the South Dakota Children's Influenza Immunization Initiative. This vaccine is for children 6 mo. – 18 years old. Please order the number of doses in the order form above that you think you can use for the entire seasonal influenza season. Department of Health - Community Health Nursing sites, please note that this form is **not** for ordering **adult influenza** doses. **For ordering Influenza vaccine you do not need to order according to your regular vaccine ordering schedule. Please fill out the above form and send it in as soon as possible and we will send out vaccine as it becomes available.**

The State of South Dakota will receive vaccine in varying quantities at the start of the influenza season at our distributor McKesson. The South Dakota Immunization program will not get all of our doses in at McKesson all at once. Therefore, please do not be alarmed that you receive several shipments over several weeks to fill your order above. We expect shipping to start sometime in late August to early September 2010

There will be limited doses of the Preservative Free Influenza Vaccine available. In order for the doses we have to be available to everyone, please order a combination of single dose and multi-dose vials. Orders comprised of entirely the pediatric preservative free vaccine will not be accepted and will be adjusted by the immunization program to include multi-dose vials as a portion of your order.

Mailing Address: South Dakota Department of Health; Attn: Summer Wendell; 615 E 4th St; Pierre, SD 57501

OR Fax to: (605)773-4113

Questions can be directed to summer.wendell@state.sd.us or call 605-773-4963. E-mail is preferred.

Revised 08/2010