

APPENDIX

4

VFC REPORTING FORMS

Bureau of Immunization-Vaccines for Children Program

This page is intentionally left blank.



Division of Disease Control, Bureau of Immunization

DATE:

VFC PIN #:

Florida VFC - VACCINE REPORT FORM

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC:

VACCINE DELIVERY ADDRESS (Number and Street - No PO Boxes):

TELEPHONE NUMBER:		FAX NUMBER:	E-MAIL:		CONTACT PERSON:		
Place an X if you don't need this vaccine Doses Shipped	A	B	C		D	E	F
	Name of the Vaccine	Vaccine Brand Name	Packaging (Preferred Presentation)		Number of Vaccines Doses Used Since Last Order	Vaccine Doses on Hand (Current Vaccine Inventory)	Returned Vaccines Since Last Order
	DTaP	Daptacel®	Single dose vials -10 per box				
		Infanrix®	Single dose vials -10 per box				
	DTaP/Hep B/IPV	Pediarix®	Single dose syringes -5 per box				
			Single dose vials -10 per box				
	DTaP/IPV	Kinrix®	Single dose vials -10 per box				
			Single dose syringes -10 per box				
	DTaP/IPV/HIB	Pentacel®	Single dose vials -5 per box				
	Hepatitis B	Engerix B®	Single dose vials -10 per box				
			Single dose syringes -5 per box				
	Hib	Recombivax®	Single dose vials -10 per box				
		PedvaxHIB®	Single dose vials -10 per box				
		ActHIB®	Single dose vials -5 per box				
	Tdap	Decavac®	Single dose vials -10 per box				
			Single dose syringes -10 per box				
	Tdap	Adacel®	Single dose vials -10 per box				
			Single dose syringes -5 per box				
	IPV	Boostrix®	Single dose vials -10 per box				
			Single dose syringes -5 per box				
	IPV	Ipol®	Single dose vials -10 per box				
			Single dose syringes -10 per bx				
	Hepatitis A	Vaqta®	Single dose vials -10 per box				
			Single dose syringes -10 per box				
	MMR	Havrix®	Single dose vials -10 per box				
			Single dose syringes -10 per box				
	Hepatitis B/Hib	MMRII	Single dose vials -10 per box				
	Meningococcal Conjugate	Comvax®	Not available				
	Pneumococcal Conjugate	Menactra®	Single dose vials -5 per box				
	Rotavirus	Prevnar®	Single dose syringes -10 per box				
	HPV	RotaTeq®	Single dose tubes -10 per box				
		Rotarix®		Single dose vial -10 per box			
	DT (pediatric)	Gardasil®	Single dose vials -10 per box				
	Varicella	Sanofi	Single dose vials -10 per box				
	Pneumococcal Polysaccharide	Varivax®	Single dose vials -10 per box				
			Single dose vials -10 per box				
	Influenza	Pneumovax®	Single dose vials -10 per box				
			Syringes - 10 per box				
			Single dose vials - 10 per box				
		Fluzone®/.25 ml	10 pack - 1 dose sprayers				
		Fluzone®/.50 ml					
		FluMist®					

IMPORTANT: If your vaccine brand choice and packaging is not available (check one of the choices on the right side) Send another vaccine brand/packaging Send the vaccine brand/packaging I choose when available

CHILDREN IMMUNIZED/VFC ELIGIBILITY	<1 Year	1-6 Years	7-10 Years	11-12 Years	13-18 Years	Total
From Vaccine Usage Worksheet						
Medicaid						
No Insurance						
Underinsured						
American Indian/Alaskan Native						

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM VARICELLA-CONTAINING VACCINE ORDER FORM

Provider Name:	VFC PIN #:
Vaccine Delivery Address: Specific Address/Building or Room Number	City: Zip Code:
Telephone Number:	Fax Number:
Person completing this form:	Date:

<u>Please leave blank</u> Number of Doses Being Shipped	Vaccine	Date of Last Order	Number of Doses of Last Shipment	Number of Doses in the Freezer	Number of Doses Needed
	Varicella				
	MMR-V (ProQuad) when available				

NOTE: Order varicella-containing vaccine only when **NEEDED**. Place your vaccine order with sufficient stock on hand to allow 2-3 weeks for the processing and delivery of your vaccine. Merck & Co., the vaccine manufacturer, ships varicella-containing vaccine directly to your office within *20 to 25 working days*, once the VFC Program process your vaccine order.

VARICELLA-CONTAINING VACCINE STORAGE AND HANDLING CERTIFICATION

1. We will transfer the varicella-containing vaccine from its shipping carton to the FREEZER **within five minutes** of receipt. Our freezer can maintain an average temperature of 5° F (-15° C) or colder to ensure vaccine potency. Our freezer compartment has a separate door, and is part of a frost-free, kitchen-size refrigerator/freezer or its equivalent.
2. If we waste the varicella-containing vaccine due to improper storage and handling, the VFC Program may request payment for the unserviceable vaccine.
3. We will administer varicella-containing vaccine within 30 minutes after reconstitution. We will refrigerate reconstituted vaccine between 35° and 46°F.
4. We will use any thawed vaccine, kept refrigerated between 35° and 46°F, within 72 hours. We will discard any thawed vaccine not used within 72 hours. **We will never store single antigen varicella vaccine or MMR-V vaccine in the refrigerator for more than 72 hours.**
5. We will store diluents in the refrigerator or at room temperature.
6. We will contact the VFC Program at (800) 483-2543 if we receive the varicella-containing vaccine without dry ice. We will **not** use the vaccine if dry ice was not present when we open the shipping carton.

We have read and agree to this certification: Yes (circle or check)

NOTES: Let us know of a change of address, office hours, special vaccine requests, brand name changes, or if you have vaccines that you would like to transfer before they expire and become unserviceable. Complete the Additional Information Form and fax it along with the order form.

Mail or fax (**don't do both**): Bureau of Immunization, Florida Vaccines for Children (VFC) Program
4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719
Fax: (850) 245-4734; Telephone Number: (800) 483-2543
VFC website: <http://www.immunizeflorida.org/vfc/>

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE INVENTORY BALANCE SHEET

A	B	-	C	+	D	+	E	=	F	-	G	=	H
Name of the Vaccine	Column E of the last Vaccine Report Form	(-)	Vaccines Returned (Expired/Unserviceable/Wasted)	(+)	Last VFC Vaccine Shipment	(+)	Last Additional VFC Vaccine Shipment	=	Current Vaccine Inventory on Hand	(-)	Vaccine Doses Used (from Vaccine Usage Worksheets)	=	Vaccine Ending Inventory
<i>Example</i>	<i>20</i>		<i>10</i>		<i>10</i>		<i>20</i>		<i>40</i>		<i>10</i>		<i>30</i>
DTaP		(-)		(+)		(+)		=		(-)		=	
Pediarix®		(-)		(+)		(+)		=		(-)		=	
DT		(-)		(+)		(+)		=		(-)		=	
EIPV		(-)		(+)		(+)		=		(-)		=	
Hep A		(-)		(+)		(+)		=		(-)		=	
Hep B		(-)		(+)		(+)		=		(-)		=	
Hep B-2		(-)		(+)		(+)		=		(-)		=	
Hep B/Hib		(-)		(+)		(+)		=		(-)		=	
Hib		(-)		(+)		(+)		=		(-)		=	
MMR		(-)		(+)		(+)		=		(-)		=	
Menactra®		(-)		(+)		(+)		=		(-)		=	
Td		(-)		(+)		(+)		=		(-)		=	
Tdap		(-)		(+)		(+)		=		(-)		=	
Prevnar		(-)		(+)		(+)		=		(-)		=	
Flu (0.25)		(-)		(+)		(+)		=		(-)		=	
Flu (0.50)		(-)		(+)		(+)		=		(-)		=	
Pnu-23		(-)		(+)		(+)		=		(-)		=	
RotaTeq®		(-)		(+)		(+)		=		(-)		=	
Rotarix®		(-)		(+)		(+)		=		(-)		=	
HPV		(-)		(+)		(+)		=		(-)		=	
Pentacel®		(-)		(+)		(+)		=		(-)		=	
Other		(-)		(+)		(+)		=		(-)		=	
Other		(-)		(+)		(+)		=		(-)		=	
Other		(-)		(+)		(+)		=		(-)		=	
Other		(-)		(+)		(+)		=		(-)		=	

*Vaccine Ending Inventory (column H) should match the number of vaccines doses the provider has in their refrigerator. This form is for the provider's internal use **ONLY** in balancing their vaccine inventory.

DO NOT FAX OR MAIL THIS FORM

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE TRANSFER FORM

TO PRESERVE VACCINE VIABILITY, IT IS VERY IMPORTANT TO MAINTAIN THE "COLD-CHAIN" WHEN TRANSPORTING VACCINES. Providers must handle, store, and transport vaccines properly. **NOTE:** Do not transfer open vials.

Name of the Person Responsible for Preparing and Transporting the Vaccine(s): _____

Telephone Number: _____

PIN Number: _____

Name of the Provider Receiving the Vaccine(s): _____

Telephone Number: _____

PIN Number: _____

1	2	3		4	5	6
Name of the Vaccine	Record Refrigerator Temperature	Record Cooler Temperatures		Vaccine Expiration Date	Manufacturer Lot Number	Number of Vaccine Doses
		Before Transporting	Upon Arrival			

To avoid vaccines becoming unserviceable, the provider will ensure:

- all vaccines are properly and immediately stored.
- the refrigerator temperature range for storage is acceptable.
- to use the vaccines with the shortest expiration date first.

I ACKNOWLEDGE RECEIPT OF THE VACCINES LISTED ABOVE. THE VACCINES ARE IN VIABLE CONDITION AND THE COLD-CHAIN HAS NOT BEEN COMPROMISED.

Signature of Person Receiving the Vaccines: _____ Date: _____

Signature of Person Transferring the Vaccines: _____ Date: _____

The person receiving the vaccines will sign and fax a copy of this form to the VFC Program at (850) 245-4734.

**FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM
SPECIAL VACCINE ORDER FORM
FOR OFF-SITE IMMUNIZATION ACTIVITIES**

PIN Number	
Provider Name	
Shipping Address	
Person Completing this Form	
Telephone Number	
Date and Time of the Activity	
Approximate Number of Children to be Immunized	
Complete and fax this completed form to the VFC Program at (850) 245-4734 prior to the planned immunization activity. Allow 2-3 weeks for processing and delivery of your vaccine order.	

REQUEST FOR ADDITIONAL VACCINE DOSES

Name of the Vaccine	Vaccine Brand Name/Packaging	Number of Doses Requested

1. Maintain vaccines in an insulated cooler during the off-site activity.
2. Document cooler temperatures hourly on the **Cooler Temperature Log Form**.
3. Use a separate **Cooler Temperature Log Form** for each cooler.
4. Transport the minimum vaccine(s) quantity anticipated for the clinic to avoid unnecessary loss of expensive vaccine(s).
5. Discard remaining filled syringes at the end of the activity, document discarded doses in the **Vaccine Return and Waste Form**, the Florida SHOTS registry, and fax a copy with the **Cooler Temperature Log Form** to the VFC Program at (850) 245-4734.
6. If there is evidence of vaccine exposure to temperatures outside the recommended temperature range, contact the vaccine manufacturers and the VFC Program immediately for guidance.

Signature of person responsible for the vaccine(s): _____

Date: _____

Florida Vaccines for Children (VFC) Program
Fax Number: (850) 245-4734
Telephone Number: (800) 483-2543

**FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM
COOLER TEMPERATURE LOG
FOR OFF-SITE IMMUNIZATION ACTIVITIES**

Date of Event		
PIN Number		
Provider Name		
Shipping Address		
Person Completing this Form		
Telephone Number		
Time(s)	Cooler Temperatures	Name of Person Recording Temperatures
Initial Temperature		
Final Temperature		

Upon returning from the off-site immunization activity to the permanent site, the person responsible to transport the vaccines will check temperatures, unpack, and immediately store the vaccines at the recommended temperature range.

The designated staff will fax a copy of the **Cooler Temperature Log Form** to the VFC Program at (850) 245-4734.

NOTE: To avoid vaccines becoming unserviceable, the provider will ensure:

- All vaccines are stored properly.
- The cooler temperature range for storage is acceptable.
- A temperature log is maintained for each cooler and temperatures are monitored.

Florida Vaccines for Children (VFC) Program
Fax Number: (850) 245-4734
Telephone Number: (800) 483-2543

This page is intentionally left blank.