

## 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/>