



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccines

FROM: Mick Bolduc-VFC Coordinator 

DATE: March 18, 2010

SUBJECT: New Vaccine Order Form (VOF)

The primary purpose of this communication is to provide you with a copy of the updated Vaccine Order Form (VOF).

New VOF

On March 15th providers were notified that the Immunization Program will provide ActHib, Pedvax Hib, Pentacel (DTaP-IPV-Hib) and Pediarix (DTaP-IPV-Hep B) in sufficient quantities through September 30, 2010 to allow providers choice in catching up children missing their Hib booster dose. Enclosed is an updated VOF containing separate spaces for all the above mentioned vaccines (Hiberix will no longer be supplied). Please discard all old VOF's that you may have in stock and only use the updated version dated 3/16/10 when submitting future orders. Additional copies of the updated VOF can be downloaded at www.ct.gov/dph/immunizations. When reporting your doses administered data for ActHib and Pedvax Hib please report them in the same Hib column; you do not need to separate out the doses by vaccine brand.

As always if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.

Phone:



Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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STATE VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM



1. This form **MUST** reach our office on or before the 1st business day of the month. **Late orders will not be processed.**
2. FAX Form to: **(860) 509-8371** or mail to: Department of Public Health; 410 Capitol Avenue - MS# 11MUN; Hartford, CT 06134-0308
3. Please report **STATE-SUPPLIED** vaccines only. **Questions?** Please Call: **(860) 509-7929**
4. To download additional VOF's go to: www.ct.gov/dph/immunizations

Name and Shipping Address:	Date of Order:	Completed By:	Telephone #	PIN #

VACCINE	Doses per pack	Doses Ordered	Doses on Hand	Expiration Date(s)	Comments
DTaP/HepB/IPV (Pediatrix)	5				
DTaP	10				
DTaP/IPV (Kinrix)	5				
Td	10				
Tdap	10				
HIB (ActHib)	5				
HIB (Pedvax)	10				
Hepatitis A	10				
Hepatitis B	10				
IPV	10				
DTaP/IPV/Hib (Pentacel)	5				
Rotavirus (Rotarix)	10				
MCV4 (Meningo. Conj.)	5				
MMR	10				
Varicella	10				
HPV	10				
PCV 13 (Pneumo. Conjugate)	10				
Influenza (6-35 months)	10				
Influenza (3-18 years)	10				
FluMist (Intranasal)	10				

