

Panvax® H1N1 Vaccine Order Form

Enquiries: QHIP
 Telephone: 3328 9888
 Facsimile: 3328 9721
 or 3328 9720

Practice/Organisation Details

Date: ____/____/200__ VSP No.:

Name:.....

Address:..... Postcode:

Telephone No.:..... Fax No.:



Have vaccine fridge temperatures been between +2°C and +8°C since the last vaccine order?
 YES NO

Practice/organisation contact:..... Please print name:

(Signature)

NB: To avoid any delays ensure all parts of this form are completed.

It is important to provide an accurate count of all Panvax®H1N1 influenza Vaccine stock (No. of vials in stock) in your vaccine fridge with each order – failure to do so will delay the processing of your order. Check and record expiry dates of vaccines and rotate shortest expiry dates to be used first.

Pack Size	No. of vials in stock	Expiry Date	Number of packs required
 10 vial pack (180 doses)			
 10 vial pack (100 doses)			

VacPacs containing the following equipment will be provided according to the number of vaccines doses required:

- 1 box of 220 syringes;
- 3 boxes of 44 drawing up needles (132 in total) ;
- 1 box of 200 23g x 25mm needles for injection; and
- 1 box of 40 23g x 38mm needles