

PROVIDER DETAILS

Date:	Number of GPs in practice (F/T or P/T):	Vaccine Account <u>Number</u>
Practice Name:		
Delivery Address:		Opening Hours (for delivery):
Phone:	Person ordering vaccine:	
Fax:		

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer? Y N
 How often is the temperature recorded? _____

Have vaccine fridge temperatures been between +2 to +8°C since the last vaccine order? Y N
 (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)

In order to receive free Commonwealth vaccines, I agree that this practice will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

GP/Practice Manager Name: _____ Signature: _____

VACCINE ORDER

<ul style="list-style-type: none"> Count and record vaccine doses <u>currently in fridge</u> Order the number of doses required for a <u>one month</u> period 	Doses In Fridge	Doses to be Supplied
Gardasil		
Hiberix		
Infanrix - hexa		
Infanrix – IPV		
Meningitec		
Pneumovax 23		
Prevenar		
Priorix		
Rotarix (ORAL vaccine)		
Varilrix		