

H1N1 INFLUENZA 09 – Children aged 6 months - 3 years

PUBLIC HOSPITALS, COMMUNITY HEALTH CENTRES and LOCAL COUNCILS VACCINE ORDER FORM

Fax to 1800 041 528

PROVIDER DETAILS		
Date:	Vaccine Account Number (VAN):	
Practice Name:		
Delivery Address:	Opening Hours (for delivery):	
Phone:	Name of person ordering:	
Fax:		
DECLARATION:		
<p><i>For facilities with only a single practitioner, this declaration must be made by the practitioner. For facilities with multiple practitioners this declaration must be made by a duly authorised practitioner or manager on behalf of all practitioners.</i></p> <ul style="list-style-type: none"> ▪ I/we agree to store the vaccine between 2° to 8° C and to comply with cold chain recommendations in the <i>National vaccine storage guidelines: Strive for 5.</i> <p>Name of authorised practitioner:</p> <p>Signature:</p> <p>Date: / /</p>		
ORDER:	Number in stock	Number to be supplied
PANVAX® JUNIOR (Pre-filled syringes) <i>(H1N1 pandemic influenza vaccine for children aged <u>6 months to 3 years</u>)</i>		
Australian Government Consent Forms <i>(Optional)</i>	X	

Enquiries regarding orders/dispatch: **1300 656 132**

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