



VACCINE ORDER FORM

February 2009

Pharmacy, Narrogin Hospital
 Williams Road, Narrogin WA 6312

PHARMACY, NARROGIN HOSPITAL

TIME

DATE

PHONE: 08 9881 0440 FAX: 08 9881 0427

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*Practice/Clinic Name:

*Delivery (Street) Address: Post Code:

*Courier Account Number: *Phone Number:

Deliver with: *Date you will receive:/...../.....

To be received by: Date you will collect your order:/...../.....

*Essential information for Courier Deliveries

VACCINE (BRAND NAME)

DOSES/QUANTITY

Paediatric HepB (Paediatric H-B-VAX II)	520951	doses
DTPa-IPV-HepB-Hib (Infanrix Hexa) (2, 4, 6 months)	521959	doses
DTPa-IPV (Infanrix IPV / Quadracel) (4 years)	521957	doses
Hib (Hiberix) (12 months)	522057	doses
HPV (Gardasil) (Females 12 - 26 years)	522003	doses
7vPCV (Prevenar)	521696	doses
MMR (Priorix) (12 months & 4 years)	520962	doses
Rotavirus (ORV) (Rotarix) (2 & 4 months)	522014	doses

Limit of 10 doses per provider for MenC, HepA and Varicella vaccines

MenCCV (NeisVac-C) (12 months)	521768	doses
HepA (Vaqta) (12 & 18 months) (<u>Indigenous</u>)	521960	doses
Varicella (Varilrix) (18 months)	521961	doses

Separate Request Form for Adult and Paediatric HepB for GPs; dTPa NOT available

Varicella (Varilrix) (Year 7 School based program+)	521961	doses
Adult HepB (Adult H-B-VAX II) (Year 7 School based program+)	521661	doses
dTPa (Adacel / Boostrix) (Year 7 School based program+)	521799	doses
HPV (Gardasil) (Year 7 School based program+)	522003	doses

+Please submit separate schools program list to Regional Immunisation Coordinator

Adult Influenza (Fluvax / Vaxigrip)		doses
23vPPV (Pneumovax)	521666	doses
Other		doses

Vaccine orders should be submitted at least 5 working days before they are required.

Order enquiries: Phone 08 9881 0405 and 08 9881 0440