

New Jersey Vaccine for Children (NJVFC) Program

PO Box 369
Trenton, NJ 08625-0369
609-826-4862 (Phone) or 609-826-4867 (Fax)
or Email Orders to yfc@doh.state.nj.us

**ADULT IMMUNIZATION GRANT-VACCINES
VACCINES FOR CHILDREN PROGRAM
VACCINE ORDER**

Date Submitted	Provider ID No. (State Assigned Only)	Name of Facility/Physician	Telephone Number ()
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ENTER INVENTORY BALANCE FOR ALL VACCINES, NOT JUST FOR REQUESTED VACCINES!

Vaccine/Biological	Brand Choice	Vial/Syringe (Check one)	Doses Ordered	Inventory Balance
FOR ADULT RISK AND STD CLINICS				
Hepatitis A (Adult)	Vaqa ® (M)	<input type="checkbox"/> V		
	Havrix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
Hepatitis B (Adult)	Engerix-B ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Recombivax ® (M)	<input type="checkbox"/> S		
Hepatitis A and B (Adult)	TwinRx ® (M)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza	Fluarix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Fluvirin ® (Novartis)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza Virus Vaccine Live, Intranasal (2-49)	FluMist ® (MedImmune)	(Minimum of 20 Doses)		
FOR ADULT POSTNATAL CLINICS				
TDAP (Adult)	Adacel™ (S/P)	<input type="checkbox"/> V		
Human Papillomavirus	Gardasil ® (M)	<input type="checkbox"/> S		
Hepatitis A (Adult)	Vaqa ® (M)	<input type="checkbox"/> V		
	Havrix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
Hepatitis B (Adult)	Engerix-B ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Recombivax ® (Merck)	<input type="checkbox"/> S		
Hepatitis A and B (Adult)	TwinRx ® (M)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza	Fluarix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Fluvirin ® (Novartis)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza Virus Vaccine Live, Intranasal (2-49)	FluMist ® (MedImmune)	(Minimum of 20 Doses)		
FOR ADULT MIGRANT CLINICS				
TDAP (Adult)	Adacel™ (S/P)	<input type="checkbox"/> V		
Human Papillomavirus	Gardasil ® (M)	<input type="checkbox"/> V		
Hepatitis A (Adult)	Vaqa ® (M)	<input type="checkbox"/> V		
	Havrix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
Hepatitis B (Adult)	Engerix-B ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Recombivax ® (M)	<input type="checkbox"/> S		
Hepatitis A and B (Adult)	TwinRx ® (M)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza	Fluarix ® (GSK)	<input type="checkbox"/> V <input type="checkbox"/> S		
	Fluvirin ® (Novartis)	<input type="checkbox"/> V <input type="checkbox"/> S		
Influenza Virus Vaccine Live, Intranasal (2-49)	FluMist ® (MedImmune)	(Minimum of 20 Doses)		
Pneumococcal (Polysaccharide)	Pnumovax23 ® (M)	<input type="checkbox"/> V		
E-IPV	I-POL ® (M)	<input type="checkbox"/> V <input type="checkbox"/> S		
Varicella	Varivax ® (M)	<input type="checkbox"/> V		
MMR	MMR II ® (M)	<input type="checkbox"/> V		

CALL NJVFC WITH SPECIAL DELIVERY INSTRUCTIONS FOR VACATION DATES OR HOLIDAYS!

Ordered by (Print)	Signature
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