

Fax to 1800 041 528

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

Date:	Number of GPs in practice:	Vaccine Account Number
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 Australian Government vaccines, I agree that this facility will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

GP/Practice Manager (print): _____ Signature: _____

VACCINE ORDER FOR ONE MONTH

		Doses in Fridge	Doses to be Supplied
Hiberix			
Infanrix hexa			
Infanrix - IPV			
Meningitec	<i>Unvaccinated persons aged less than 28 years</i>		
Pneumovax 23			
Prevenar			
Priorix	<i>Unvaccinated persons born after 1966</i>		
Rotarix (ORAL vaccine)			
Varilrix			
Seasonal Influenza	<i>All persons aged 65 and older Indigenous persons aged 15 and older Patients 6 months to 64 years at risk[#] Pregnant women</i>		
Seasonal Influenza (Paediatric)			

[#] patients at risk of severe outcomes from influenza such as those with chronic conditions, including cardiac disease, cystic fibrosis, diabetes and renal failure (see the *Australian Immunisation Handbook*, p.190-191)