



2016-2017 Influenza Product Reserve Modification Request Form

SSV Pin: _____ Practice Name: _____

Submitted by: _____ Date: _____

1. During 2016-2017 enrollment my practice requested the vaccine amounts listed below

<u>Vaccine</u>	<u>6-35 Mos</u>	<u>3-18 yrs</u>	<u>19+ yrs</u>	<u>Total</u>
Fluzone 0.25ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flumist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluzone 0.5ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluarix 0.5ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluzone High Dose (Licensed for 65+ yrs only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Please adjust my 2016-2017 Influenza product reservation to the following amounts:

<u>Vaccine</u>	<u>6-35 Mos</u>	<u>3-18 yrs</u>	<u>19+ yrs</u>	<u>Total</u>
Fluzone 0.25ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flumist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluzone 0.5ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluarix 0.5ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluzone High Dose (Licensed for 65+ yrs only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Detailed reason for requested modification (limit 400 characters)

Instructions: All three sections must be completed in full for the request to be processed.
 Section 1: Enter the amount of each vaccine that currently appears on the practice's 2016-2017 Flu Reserve Page
 Section 2: Enter the new Total Reserve requested for the season for each vaccine. Blank fields will be interpreted as zero quantity requested.
 Section 3: Requires that you give a detailed explanation as to why the requested change is being made.

Approved / Rejected by: _____ Date: _____