



**VACCINE INVENTORY & ORDER FORM**

Revised 19-Jul-12

Rhode Island Department of Health  
State Supplied Vaccine (SSV) Program

**Provider SSV Pin:**

Name of Practice, Clinic, etc...

Delivery Address (No PO Box)

Phone Number:

Fax Number:

1. Send completed order form and temperature logs via email: [vaccine@health.ri.gov](mailto:vaccine@health.ri.gov) or fax: 401-222-3805.
2. Your practice will be allowed 1 order per month. Orders will be filled to replenish report period vaccine use.
3. Please report all vaccine information in Columns F - L by **individual dose count (not package count)**.

Vaccine will be ordered in Pre-filled Syringes, unless supply is unavailable or practice specifies otherwise.

**\*\* Orders will not be processed without a copy of the temperature log for the most recent 30-days.\*\***

Order Status	DOH Official Use Only

PEDIATRIC VACCINES (<19 YRS OF AGE)					Provider Supplied Information (*indicates required field)								DOH Use	Notes or explanation of increased par, returned, wasted or transferred doses:
A	B	C	D	E	F*	G*	H	I	J*	K	Par*	L*	M	
Vaccine	Brandname	Form	NDC	Pkg	Beg Inv	Rec'd	Xfer In / (Out)	Ret / Waste	On-Hand	Admin	Stock	Order	Approved	
DTaP	Infanrix	SYR	58160-0810-52	10							-			
DTaPHBIPV	Pediarix	SYR	58160-0811-52	10							-			
DTaP/IPV	Kinrix	SYR	58160-0812-52	10							-			
HEP A	Havrix	SYR	58160-0825-52	10							-			
HEP B	Engerix	SYR	58160-0820-52	10							-			
HIB	PedvaxHib	SDV	00006-4897-00	10							-			
HPV	Gardasil	SDV	00006-4045-41	10							-			
MCV4	Menactra	SDV	49281-0589-05	5							-			
MMR	MMR II	SDV	00006-4681-00	10							-			
PNEUMO	Pneumovax	SDV	00006-4943-00	10							-			
PNU 13	Prevnar	SYR	00005-1971-02	10							-			
RotaVirus	Rotarix	Oral	58160-0854-52	10							-			
TDaP	Boostrix	SYR	58160-0842-52	10							-			
VARICELLA	Varivax	SDV	00006-4827-00	10							-			

Pediatric Vaccines - Special Order					Provider Supplied Information (*indicates required field)								DOH Use
A	B	C	D	E	F*	G*	H	I	J*	K	Par*	L*	M
Vaccine	Brandname	Form	NDC	Pkg	Beg Inv	Rec'd	Xfer In / Out	Ret / Waste	On-Hand	Admin	Stock	Order	Approved
DT (< 7 yrs)	DT	SDV	49281-0278-10	1							-		
Td-PF(7-18 yrs)	Tenivac	SYR	49281-0215-15	10							-		
EIPV	IPOL	MDV	49281-0860-10	10							-		

ADULT VACCINES (19 YRS OR OLDER)					Provider Supplied Information (*indicates required field)								DOH Use
A	B	C	D	E	F*	G*	H	I	J*	K	Par*	L*	M
Vaccine	Brandname	Form	NDC	Pkg	Beg Inv	Rec'd	Xfer In / Out	Ret / Waste	On-Hand	Admin	Stock	Order	Approved
TDaP	Adacel	SDV	49281-0400-15	10							-		
PNEUMO	Pneumovax	SDV	00006-4943-00	10							-		

I hereby certify that this report is a true account of the above biologicals, received from the RI DOH, that were administered during the period of time reported. No one was refused immunizations for failure to pay an administrative fee or failure to make a donation to the provider.

Signature of person responsible for vaccine accountability \_\_\_\_\_ Order Date \_\_\_\_\_

DOH Official Use Only	
Date order recv'd	<input type="text"/>
Expected delivery date	Within 10 business days of:
Date order approved	<input type="text"/>
Next available order date	<input type="text"/>

**VACCINE ORDER FORM INSTRUCTIONS**

This report is to be completed on a monthly basis by all entities that receive State Supplied Vaccines (SSV). Monthly reports do not have to run from the 1st day of the month. Reports may start on any day of the month, but cannot account for a period of time less than 28 days. Reports should account for all activity since the date of the last report filed. Required fields must be completed for all vaccines, even if you are not ordering any at that time. Retain a copy of these reports for one year.

**Please do not report doses purchased with private funds on this form, ONLY STATE SUPPLIED VACCINE. Please allow 48-hours for order approval response.**

<b>Provider SSV Pin</b>	This is a unique identifying number assigned to your practice by the RI DOH. Please include this number on all communications with the RI DOH. (If you are not aware of what your SSV Pin is please contact us to acquire it.)
<b>Column A:</b>	<b>Vaccine</b> - The vaccine short name or antigen makeup will be listed in this field
<b>Column B:</b>	<b>Brandname</b> - The vaccine name given to the product from the manufacturer that the state is purchasing the vaccine from
<b>Column C:</b>	<b>Form</b> - Refers to the type of presentation the vaccine is being shipped in. SYR = Pre-filled Syringe, SDV = Single Dose Vial, MDV = Multi-dose vial. Product form may be interchangeable based on availability.
<b>Column D:</b>	<b>NDC</b> - Refers to the National Drug Code associated with the vaccine. The 1st group of numbers represents the manufacturer, 2nd group is the vaccine type, the 3rd group represents the product form.
<b>Column E:</b>	<b>Pkg</b> - Is the package size (how many doses per package) of the vaccine to be shipped. This number represents the minimum amount of doses required to place an order for the specific product. Orders will be filled as multiples of the package quantity.
<b>Column F:</b>	<b>Beg. Inv.</b> - Beginning Inventory is your doses-on-hand at the beginning of the month (or reporting period). Column F should be equal to the amount reported in Column J (On-hand Count) <b>from the previous month's report.</b>
<b>Column G:</b>	<b>Rec'd</b> - Orders Received should be the amount of vaccine received from the Rhode Island Department of Health SSV Program during the reporting period. These vaccines were received by the DOH directly or it's Distribution Agencies. <b>(DO NOT</b> record transfers from other practices or privately purchased vaccines in this column.)
<b>Column H:</b>	<b>Xfer In / Out</b> - should be the number of doses transferred between practices. If you transfer in any vaccine you must submit a detailed explanation of where, when, how (cold chain), and why you transferred the vaccine. Positive numbers should be entered to report vaccine transferred into the practice and negative numbers should be used to report vaccine transferred out to another practice.
<b>Column I:</b>	<b>Ret / Waste - Return</b> is the number of vaccine doses returned to the distributor for any reasons, including expired dates, break in the cold chain (refrigeration failure), etc.... <b>Waste</b> is the number of wasted vaccine doses due to breakage, spill, or inability to return. Must submit a completed copy of the "Return/Expired Vaccine Form" with order form.
<b>Column J:</b>	<b>On-Hand Count</b> - is the physical count of your doses on-hand at the time of this report (beginning or end of business for date of report).
<b>Column K:</b>	<b>Administered</b> - is an aggregate number of all vaccine administered to children under 19 years of age. <b>Column K = F+G+H-I-J</b> (If you are using an electronic version of this spreadsheet, this field will automatically calculate your usage)
<b>Par Stock:</b>	<b>Par Stock</b> - Equals the quantity of vaccine needed for a sixty (60) day supply in inventory. If you do not plan on stocking a vaccine please indicate so by placing a zero or N/A in this column.
<b>Column L:</b>	<b>Order</b> - is the quantity of <b>doses</b> necessary in order to replenish your inventory to a maximum of 60-day supply of required vaccine. Special orders will be available for times of emergency or outbreak. Order should equal Par Stock less On-Hand Count (rounded to the pkg amount).
<b>Column M:</b> (DOH Use Only)	<b>Approved</b> - is the number of doses approved to fill your order. This amount may vary from your amount ordered due to on-hand inventory or packaging. Please verify the amount received at delivery. Expect delivery within 3-10 business days of report approval date.
<b>Explanations</b>	In this field you should explain reasons for wasted, returned or transferred vaccine. Please also note any changes to Par Stock as well.
<b>Expected Delivery Date</b>	Orders may be received anytime with 10-business days from the approval date on the form. It is the responsibility of the practice to maintain operating hours as reported to HEALTH during this delivery window.
<b>Next Available Order date</b>	"Next available order date" is the earliest date available for your next order to be placed. Orders before this date will be denied due to early ordering. This date is normally 28-31 days from you current approval date.
<b>Order Status</b> (DOH Use Only)	In this field (to be completed by DOH) either "Approved", "Denied", or "Contact DOH" will be stamped in this area. If "Approved" status please note the expected delivery date. If "Denied" status you may contact the DOH for explanation. If "Contact DOH" status please contact DOH for additional instructions.