

Fax to 1800 041 528

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

PROVIDER DETAILS

Date:		Vaccine Account <u>Number</u>
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 <input type="checkbox"/>	N <input type="checkbox"/>
How often is the temperature recorded? _____		
Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order? (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)	Y <input type="checkbox"/>	N <input type="checkbox"/>
In order to receive free Australian Government vaccines, I agree that this facility will comply with cold chain recommendations in the <i>National vaccine storage guidelines: Strive for 5.</i>		
Name (print):	Signature:	

VACCINE ORDER FOR ONE MONTH

	Doses in Fridge	Doses to be Supplied
Hepatitis B (paediatric)		
Hiberix		
Infanrix hexa		
Infanrix - IPV		
IPOL		
Meningitec		
Pneumovax 23		
Prevenar 13		
Priorix		
Rotarix (ORAL vaccine)		
Varilrix		