

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? _____

Has the vaccine fridge temperature 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

VACCINE	Vaccine Restrictions	Doses in Fridge	Doses to be Supplied
Hepatitis B - Adult	<i><u>Not</u> for Overseas Travel purposes</i>		
Hepatitis B - Paediatric	<i><u>Not</u> for Overseas Travel purposes</i>		
Hiberix			
Infanrix hexa			
Infanrix - IPV			
IPOL	<i>Refugees only</i>		
Meningitec			
Pneumovax 23			
Prevenar 13			
Priorix			
Rotarix (ORAL vaccine)			
Varilrix			