

Fax to 1800 041 528 Enquiries regarding orders/dispatch: **1300 656 132**

PROVIDER DETAILS

Date:	Number of GPs in practice:	Vaccine Account <u>Number</u>
Practice Name:		Opening Hours (for delivery):
Delivery Address:		
Phone:	Email:	
Fax:		

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

1. Is the vaccine fridge monitored with a Min/Max thermometer? Yes No
2. Is the vaccine fridge continuously data logged and data logging report is downloaded and reviewed weekly? Yes No
3. 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) Yes No
4. I declare that I will Yes No
 - comply with the cold chain recommendations in the *National vaccine storage guidelines: Strive for 5*, and
 - adhere to the vaccine eligibility indicated on this order form and the NSW Immunisation Schedule, and
 - notify the Australian Immunisation Register (AIR) and/or the National HPV Register of each vaccine dose administered in this practice

Principal GP (print): _____ Signature: _____
 AHPRA Number: _____

VACCINE	Vaccine Eligibility	Doses in Fridge	Doses required
Act-HIB (Hib)	<i>18 months</i>		
Boostrix or Adacel	<i>Pregnant women in their 3rd trimester Year 7 students Catch up all 10-19 year olds Catch up refugees 20 years and older</i>		
Gardasil 9	<i>Catch up 10-19 year olds</i>		
Hepatitis B – Paediatric <i>[Adult Hepatitis B- order via your local PHU]</i>	<i>Not for Overseas Travel purposes</i>		
Infanrix Hexa	<i>6 weeks, 4 months, 6 months</i>		
Infanrix-IPV or Quadracel	<i>4 year olds</i>		
Infanrix or Tripacel	<i>18 month olds</i>		
IPOL	<i>Catch up 10-19 year olds, refugees</i>		
Meningococcal C	<i>Catch up 10-19 year olds</i>		
MMR (Priorix or MMRII)	<i>12 month olds Catch up 10-19 year olds and refugees</i>		
Nimenrix (Men ACWY)	<i>12 month olds 15-17 year olds only</i>		
Pneumovax 23	<i>Aboriginal persons 15-49 years with medical risk factors Aboriginal persons 50 years and older All persons 65 years and older</i>		
Prevenar 13	<i>6 weeks, 4 months, 12 months 6 months with medical risk factors</i>		
MMRV (Proquad or Priorix Tetra)	<i>18 month olds</i>		
Rotarix (ORAL vaccine)	<i>6 weeks and 4 months</i>		
Varicella	<i>Catch up 10-19 year olds, refugees</i>		
Zostavax	<i>70-79 year olds</i>		