



State of Nevada
 Dept of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Ste 210
 Carson City, NV 89706
 Fax to (775) 684-8338

This Form is for requesting VFC FLU vaccine only - DO NOT request 317 or Private vaccine on this form

**2015-2016 SEASON
 VFC Influenza Vaccine Request Form**

Facility Name:	PIN:
Primary Vaccine Coordinator:	DATE:
Direct Phone Line:	

Use this form to request VFC Flu Vaccine at any time during the month. Use the "VFC Influenza Vaccine Inventory Accountability Form" to report monthly flu vaccine usage. All vaccines offered this season are quadrivalent.

2015-16 Season VFC FLU VACCINE REQUEST FORM			Doses on Hand	Doses Requested
Fluarix – GSK	NDC 58160-0903-52	0.50mL single dose syringe, 10-pack, 36mos and older		
Fluzone – Sanofi	NDC 49281-0515-25	0.25mL single dose syringe, 10-pack, 6-35 months		
Fluzone – Sanofi	NDC 49281-0415-50	0.50mL single dose syringe, 10-pack, 36mos and older		
Fluzone – Sanofi	NDC 49281-0623-15	5mL multi-dose vial, One 10-dose vial, 6mos and older		
FluMist – MedImm	NDC 66019-0302-10	Single dose sprayer, 10-pack, 2-49 years		

