



Department of Health

Communicable Disease Prevention and Control Unit

Panvax[®] H1N1 Vaccine Order Form

Fax to: **1300 768 088**

OR

Email to: immunisation@dhs.vic.gov.au

Doctor Name:	Account No.:	OR	LGA/Centre/Hospital Name:	Account No.:
*Registration No.:	Expiry:		*Health Services Permit No.:	Expiry:

*LGA's are not required to complete Registration No. or Health Services Permit No.

LGA / Doctor / Centre Delivery address (not post office box):

Date: _____

Tel: _____

Fax: _____

In order to receive Government funded vaccines, I agree that:

(1) This centre complies with the recommended vaccine cold chain storage of 2°–8°C as stated in the National Vaccine Storage Guideline, Strive for 5: www.immunise.health.gov.au and

(2) In the event of a cold chain breach I will call the Immunisation Program **before** discarding any vaccines.

Signature of authorised person:

Print name:

****Please ensure the information below is completed with each order placed for Panvax[®]**

Panvax[®] currently in stock.. *Doses administered.. *Doses discarded..

***Since last delivery**

Fax to: 1300 768 088 or Email to: immunisation@dhs.vic.gov.au	Number of Single dose packs required (1x 0.25ml dose. Under 3 years only)	Number of 100 dose packs required (10 Vials x 10 0.5ml doses)	Number of 180 dose packs required (10 Vials x 18 0.5ml doses)	Number of 900 dose packs required (50 vials x 18 0.5ml doses)
Panvax[®] H1N1	Currently N/A			

Please tick if you require VacPacs