



Queensland Health Immunisation Program Pharmacy Vaccine Order Form

- If you are completing this order form by hand, please print clearly.
- Vaccine orders can be submitted fortnightly.

Step 1 Fill in the Doses on Hand, Vaccine Expiry Date/s and Doses Required for all vaccines you require. Enter 'o' if no doses are required.

Step 2 Save your order form to your files and submit via email to QHIP-ADMIN@health.qld.gov.au

Step 3 Reset the form only after you have emailed the completed form.

Has your vaccine refrigerator maintained temperatures between +2° C and +8° C since your last vaccine order?

YES

NO

If no, please complete and submit the 'cold chain breach form' as soon as possible.

Order date		VSP number	
Pharmacy name			
Delivery address			
Email address		Phone number	

Disease	Vaccine brand	Total doses on hand	Vaccine expiry date (Earliest expiry only)	Total doses to be delivered
Pneumococcal (13vPCV)	Prevenar 13			
Meningococcal ACWY	Nimenrix			
Measles-mumps-rubella	Priorix			
	MMRII			
Meningococcal B	Bexsero			
Pneumococcal (23vPPV)	Pneumovax 23			
Herpes zoster (shingles)	Shingrix			
Diphtheria-tetanus-pertussis	Adacel			
	Boostrix			
Human papillomavirus	Gardasil 9			
Influenza vaccines 2024	Fluarix Tetra (6 months to 64 years)			
	Vaxigrip Tetra (6 months to 64 years)			
	Fluclevax Quad (≥5 years to 64 years)			
	Fluad Quad (65 years and older)			