



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.
- Please only submit an order form if your pharmacy requires a delivery of vaccines.

Step 1 Fill in the Doses on Hand, Vaccine Expiry Date/s and Doses Required for all vaccines you require. Enter '0' 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
Respiratory Syncytial Virus	Abrysvo ¹			
Pneumococcal (13vPCV)	Prevenar 13			
Meningococcal B	Bexsero			
Measles-mumps-rubella	Priorix			
	MMRII			
Pneumococcal (23vPPV)	Pneumovax 23			
Diphtheria-tetanus-pertussis	Adacel			
	Boostrix			
Human papillomavirus	Gardasil 9			
Meningococcal ACWY	MenQuadfi			
Herpes zoster (shingles)	Shingrix			
Japanese Encephalitis Virus	Imojev			
	JEspect ²			
Mpox	Jynneos			Special Order - contact QHIP-ADMIN@health.qld.gov.au to request supply. Note: Min order qty 20 doses (1 Box); expiry less than 24 weeks
Influenza vaccines 2025	FluQuadri (6 months to ≤5 years)			
	Vaxigrip Tetra (6 months to 64 years)			
	Flucelvax Quad (≥5 years to 64 years)			
	Fluad Quad (65 years and older)			

¹ Abrysvo is funded for use in pregnancy only

² JEspect is funded for use in pregnancy, people who are immunocompromised, and children <9 months only