



IMMUNISATION PROGRAM VACCINE ORDER FORM

- If you are not completing this form electronically, please print all information clearly
- Vaccine orders can be submitted monthly
- **Step 1** Fill in the **Total Quantity on Hand, Vaccine expiry date/s and Quantity required for any of the additional vaccines you require**
- **Step 2** [Click Here](#) to email the completed form to **QHIP-ADMIN@health.qld.gov.au** or save your order to your files and attach order to email
- **Step 3** [Reset 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?
If no, please complete and submit the 'cold chain breach report form' as soon as possible.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Order date		VSP Number	
Practice Name			
Delivery address			
Email address			
Telephone number		Fax number	

Disease	Vaccine Brand	Total Quantity on Hand	Vaccine expiry date/s	Quantity required
DTPa-hep B-IPV-Hib	Infanrix Hexa			<i>Office use only</i>
Pneumococcal (13vPCV)	Prevenar 13			<i>Office use only</i>
Rotavirus	Rotarix (oral)			<i>Office use only</i>
Meningococcal ACWY	Nimenrix			<i>Office use only</i>
Measles-mumps-rubella	Priorix			<i>Office use only</i>
	MMRII			
<i>Haemophilus influenzae</i> type b	Act-Hib			<i>Office use only</i>
Measles-mumps-rubella-varicella	Priorix-tetra			<i>Office use only</i>
	ProQuad			
Diphtheria-tetanus-pertussis	Infanrix			<i>Office use only</i>
	Tripacel			
Diphtheria-tetanus-pertussis-poliomyelitis	Infanrix-IPV			<i>Office use only</i>
	Quadracel			
Meningococcal B	Bexsero			
Hepatitis A paediatric	Vaqta paediatric			
Pneumococcal (23vPPV)	Pneumovax 23			
Varicella zoster (shingles)	Zostavax			
Diphtheria-tetanus-pertussis	Adacel			
	Boostrix			
Human papillomavirus	Gardasil 9			
Hepatitis B	Engerix B paediatric			
	H-B-VaxII paediatric			
Chickenpox	Varivax			
Hepatitis B	Engerix B adult			
Poliomyelitis	IPOL			
Meningococcal C	NeisVac-C			
Rabies	Rabipur			<i>Hospital use only</i>
Human rabies immunoglobulin	KamRab			<i>Hospital use only</i>
	Imogam			
Afluria Quad (≥5 years to 64 years)	Influenza vaccines 2020			
Fluarix Tetra (6 months to 64 years)				
FluQuadri (6 months to 64 years)				
Vaxigrip Tetra (6 months to 64 years)				
Fluad Quad (65 years and older)				