

VACCINE ORDERING WORKSHEET

Instructions: Complete the worksheet that matches your provider category (e.g., low-, medium-, or high-volume) before submitting routine vaccine orders. Refer to the VFC Program *Provider Operations Manual* as needed.

First, conduct a physical vaccine inventory to determine the doses on hand.

- 1 Remove the first vaccines from the storage unit and group by lot numbers. Note the vaccine brand, lot numbers, and expiration dates in **columns A, B, and C** of the worksheet.

REFRIGERATOR					
	A		B	C	D
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
DTaP	<input checked="" type="checkbox"/> DAPTACEL-vials	10	C3356AA	09/26/19	
	<input type="checkbox"/> Infanrix-vials	10	C3359AA	12/31/19	
	<input type="checkbox"/> Infanrix-syringes	10			

- 2 Count all doses of that lot number and write the # *Doses on Hand* in **column D**. Repeat for each lot number.

REFRIGERATOR											
	A		B	C	D	E	F	G	H		J
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)		TOTAL DOSES TO ORDER
DTaP	<input checked="" type="checkbox"/> DAPTACEL-vials	10	C3356AA	09/26/19	10				-		12
	<input type="checkbox"/> Infanrix-vials	10	C3359AA	12/31/19	2		x 1.33 =				
	<input type="checkbox"/> Infanrix-syringes	10									

- 3 Add up the doses in **column D** and write the *Total Doses on Hand* in **column H**.
- 4 Return those vaccines to the storage unit and repeat for all VFC vaccines before completing the rest of this worksheet.

Determine the total doses administered since your previous order.

- 1 Record the *Total Doses Administered* in **column E**.
Using an immunization registry or EHR/EMR? Run usage reports to filter VFC vaccines administered.
Otherwise, if using VFC "Daily Usage Log" (IMM-1053):
 - A. Add up the *Daily Total* for all copies of the usage logs completed since your previous order.
 - B. Record the *Total Doses Administered* in **column E** (see below).

Calculate the total doses to order.

- 1 Calculate and write the *Estimated Need* in **column G**.
 - A. Multiply **column E** by **column F**.
 - B. Write the number in **column G**.
- 2 Calculate and write the # *Doses* in **column I**.
 - A. Calculate **column G** minus **column H**.
 - B. Write the number in **column I**.

E	F	G	H		I	J
TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)		# DOSES	TOTAL DOSES TO ORDER
25	x 1.33 =	33.25	-	12	21.25	30

- 3 Round up and write the *Total Doses to Order* in **column J**.
 - A. If the number in **column I** is negative (such as "-10.68"), write "0" in **column J**.
 - B. Otherwise, round up to the nearest order quantity (doses/box) and write the number in **column J**.

Submit your order on MyVFCvaccines.org using the information from this worksheet.

Remember: Report doses administered (since the previous order) and doses on hand (at the time of the order) for all VFC vaccines—even if you're not ordering new doses.

Don't forget to process returns and transfers.

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

	A		B		C	D	E	F	G	H		I	J
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS		EXPIRA- TION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)		# DOSES	TOTAL DOSES TO ORDER
DTaP	<input type="checkbox"/> Daptacel–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Infanrix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> Infanrix–syringes	10	-----	-----	-----	-----							
DTaP- HepB-IPV	Pediarix–syringes		-----	-----	-----	-----	-----	x 1.33 =		-	=		
DTaP-IPV	<input type="checkbox"/> Kinrix–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Kinrix–syringes	5	-----	-----	-----	-----							
DTaP- IPV/Hib	Pentacel–vials	5	-----	-----	-----	-----	-----	x 1.33 =		-	=		
HepA	<input type="checkbox"/> VAQTA–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Havrix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> Havrix–syringes	10	-----	-----	-----	-----							
HepB	<input type="checkbox"/> Engerix-B–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Engerix-B–syringes	10	-----	-----	-----	-----							
	<input type="checkbox"/> Recombivax HB–vials	10	-----	-----	-----	-----							
Hib	<input type="checkbox"/> ActHIB–vials	5	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Hiberix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> PedvaxHIB–vials	10	-----	-----	-----	-----							
HPV	Gardasil 9–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
IPV	IPOL–vials	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
MCV4	<input type="checkbox"/> Menactra–vials	5	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Menveo–vials	5	-----	-----	-----	-----							
MenB	<input type="checkbox"/> Bexsero–syringes*	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		
	<input type="checkbox"/> Trumenba–syringes*	10	-----	-----	-----	-----							
PCV13	Prenar 13–syringes	10	-----	-----	-----	-----	-----	x 1.33 =		-	=		

* Highlights indicate special order VFC vaccines

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

	A	B	C	D	E	F	G	H	I	J	
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
PPSV23	Pneumovax 23-vials*	10	-----	-----	-----		x 1.33 =		- =		
RV	<input type="checkbox"/> Rotarix-vials	10	-----	-----	-----		x 1.33 =		- =		
	<input type="checkbox"/> RotaTeq-tubes	10	-----	-----	-----						
	<input type="checkbox"/> RotaTeq-tubes	25	-----	-----	-----						
Td	<input type="checkbox"/> Tenivac-vials*	10	-----	-----	-----		x 1.33 =		- =		
	<input type="checkbox"/> Tenivac-syringes*	10	-----	-----	-----						
	<input type="checkbox"/> Td Vaccine (Grifols)-vials*	10	-----	-----	-----						
Tdap	<input type="checkbox"/> Adacel-vials	10	-----	-----	-----		x 1.33 =		- =		
	<input type="checkbox"/> Adacel-syringes	5	-----	-----	-----						
	<input type="checkbox"/> Boostrix-vials	10	-----	-----	-----						
	<input type="checkbox"/> Boostrix-syringes	10	-----	-----	-----						

FREEZER

MMR	MMR-II-vials	10	-----	-----	-----		x 1.33 =		- =		
MMRV	ProQuad-vials	10	-----	-----	-----		x 1.33 =		- =		
VAR	Varivax-vials	10	-----	-----	-----		x 1.33 =		- =		

Remember to report returns and transfers before submitting your order on MyVFCVaccines.org using the information from this worksheet.

* Highlights indicate special order VFC vaccines

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

		A	B	C	D	E	F	G	H	I	J
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
DTaP	<input type="checkbox"/> Daptacel–vials	10	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Infanrix–vials	10	-----								
	<input type="checkbox"/> Infanrix–syringes	10	-----								
DTaP-HepB-IPV	Pediarix–syringes		-----				x 1.5 =		-	=	
DTaP-IPV	<input type="checkbox"/> Kinrix–vials	10	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Kinrix–syringes	5	-----								
DTaP-IPV/Hib	Pentacel–vials	5	-----				x 1.5 =		-	=	
HepA	<input type="checkbox"/> VAQTA–vials	10	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Havrix–vials	10	-----								
	<input type="checkbox"/> Havrix–syringes	10	-----								
HepB	<input type="checkbox"/> Engerix-B–vials	10	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Engerix-B–syringes	10	-----								
	<input type="checkbox"/> Recombivax HB–vials	10	-----								
Hib	<input type="checkbox"/> ActHIB–vials	5	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Hiberix–vials	10	-----								
	<input type="checkbox"/> PedvaxHIB–vials	10	-----								
HPV	Gardasil 9–vials	10	-----				x 1.5 =		-	=	
IPV	IPOL–vials	10	-----				x 1.5 =		-	=	
MCV4	<input type="checkbox"/> Menactra–vials	5	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Menveo–vials	5	-----								
MenB	<input type="checkbox"/> Bexsero–syringes*	10	-----				x 1.5 =		-	=	
	<input type="checkbox"/> Trumenba–syringes*	10	-----								
PCV13	Prenar 13–syringes	10	-----				x 1.5 =		-	=	

* Highlights indicate special order VFC vaccines

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

	A	B	C	D	E	F	G	H	I	J	
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
PPSV23	Pneumovax 23–vials*	10	-----	-----	-----		x 1.5 =		- =		
RV	<input type="checkbox"/> Rotarix–vials	10	-----	-----	-----		x 1.5 =		- =		
	<input type="checkbox"/> RotaTeq–tubes	10	-----	-----	-----						
	<input type="checkbox"/> RotaTeq–tubes	25	-----	-----	-----						
Td	<input type="checkbox"/> Tenvirac–vials*	10	-----	-----	-----		x 1.5 =		- =		
	<input type="checkbox"/> Tenvirac–syringes*	10	-----	-----	-----						
	<input type="checkbox"/> Td Vaccine (Grifols)–vials*	10	-----	-----	-----						
Tdap	<input type="checkbox"/> Adacel–vials	10	-----	-----	-----		x 1.5 =		- =		
	<input type="checkbox"/> Adacel–syringes	5	-----	-----	-----						
	<input type="checkbox"/> Boostrix–vials	10	-----	-----	-----						
	<input type="checkbox"/> Boostrix–syringes	10	-----	-----	-----						

FREEZER

MMR	MMR-II–vials	10	-----	-----	-----		x 1.5 =		- =		
MMRV	ProQuad–vials	10	-----	-----	-----		x 1.5 =		- =		
VAR	Varivax–vials	10	-----	-----	-----		x 1.5 =		- =		

Remember to report returns and transfers before submitting your order on MyVFCVaccines.org using the information from this worksheet.

* Highlights indicate special order VFC vaccines

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

	A		B		C	D	E	F	G	H		I	J
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS		EXPIRA- TION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)		# DOSES	TOTAL DOSES TO ORDER
DTaP	<input type="checkbox"/> Daptacel–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Infanrix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> Infanrix–syringes	10	-----	-----	-----	-----							
DTaP- HepB-IPV	Pediarix–syringes		-----	-----	-----	-----		x 2.0 =		-	=		
DTaP-IPV	<input type="checkbox"/> Kinrix–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Kinrix–syringes	5	-----	-----	-----	-----							
DTaP- IPV/Hib	Pentacel–vials	5	-----	-----	-----	-----		x 2.0 =		-	=		
HepA	<input type="checkbox"/> VAQTA–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Havrix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> Havrix–syringes	10	-----	-----	-----	-----							
HepB	<input type="checkbox"/> Engerix-B–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Engerix-B–syringes	10	-----	-----	-----	-----							
	<input type="checkbox"/> Recombivax HB–vials	10	-----	-----	-----	-----							
Hib	<input type="checkbox"/> ActHIB–vials	5	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Hiberix–vials	10	-----	-----	-----	-----							
	<input type="checkbox"/> PedvaxHIB–vials	10	-----	-----	-----	-----							
HPV	Gardasil 9–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
IPV	IPOL–vials	10	-----	-----	-----	-----		x 2.0 =		-	=		
MCV4	<input type="checkbox"/> Menactra–vials	5	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Menveo–vials	5	-----	-----	-----	-----							
MenB	<input type="checkbox"/> Bexsero–syringes*	10	-----	-----	-----	-----		x 2.0 =		-	=		
	<input type="checkbox"/> Trumenba–syringes*	10	-----	-----	-----	-----							
PCV13	Prennar 13–syringes	10	-----	-----	-----	-----		x 2.0 =		-	=		

* Highlights indicate special order VFC vaccines

Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on MyVFCVaccines.org. Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

	A	B	C	D	E	F	G	H	I	J	
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINISTERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
PPSV23	Pneumovax 23-vials*	10	-----	-----	-----		x 2.0 =		- =		
RV	<input type="checkbox"/> Rotarix-vials <input type="checkbox"/> RotaTeq-tubes <input type="checkbox"/> RotaTeq-tubes	10 10 25	-----	-----	-----		x 2.0 =		- =		
Td	<input type="checkbox"/> Tenvirac-vials* <input type="checkbox"/> Tenvirac-syringes* <input type="checkbox"/> Td Vaccine (Grifols)-vials*	10 10 10	-----	-----	-----		x 2.0 =		- =		
Tdap	<input type="checkbox"/> Adacel-vials <input type="checkbox"/> Adacel-syringes <input type="checkbox"/> Boostrix-vials <input type="checkbox"/> Boostrix-syringes	10 5 10 10	-----	-----	-----		x 2.0 =		- =		

FREEZER

MMR	MMR-II-vials	10	-----	-----	-----		x 2.0 =		- =		
MMRV	ProQuad-vials	10	-----	-----	-----		x 2.0 =		- =		
VAR	Varivax-vials	10	-----	-----	-----		x 2.0 =		- =		

Remember to report returns and transfers before submitting your order on MyVFCVaccines.org using the information from this worksheet.

* Highlights indicate special order VFC vaccines