

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	PRESENTATION	DOSES/BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
DTaP	<input checked="" type="checkbox"/> Daptacel	<input checked="" type="checkbox"/> Vials	10	C3356AA	9/26/23	10
	<input type="checkbox"/> Infanrix	<input type="checkbox"/> Syringes		C3359AA	12/31/23	2

- 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	I	J		
VACCINE	BRAND	PRESENTATION	DOSES/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 checked="" type="checkbox"/> Daptacel	<input checked="" type="checkbox"/> Vials	10	C3356AA	9/26/23	10	25	x 1.33 =	33.25	- 12 =	21.25	30
	<input type="checkbox"/> Infanrix	<input type="checkbox"/> Syringes		C3359AA	12/31/23	2						

- 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](https://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.

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDERING WORKSHEET

Low-Volume Providers



Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on [MyVFCvaccines.org](https://myVFCvaccines.org). Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

A

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VACCINE	BRAND	PRESENTATION	DOSES/ BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINIS- TERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
COVID-19	<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax <input type="checkbox"/> Pfizer	<input type="checkbox"/> Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 1.33 =		- =		
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
DTaP- HepB-IPV	Pediarix	Syringes	10					x 1.33 =		- =		
DTaP-IPV- Hib-HepB	Vaxelis	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
DTaP-IPV	<input type="checkbox"/> Kinrix <input type="checkbox"/> Quadracel	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
DTaP-IPV- Hib	Pentacel	Vials	5					x 1.33 =		- =		
HepA	<input type="checkbox"/> VAQTA <input type="checkbox"/> Havrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
HepB	<input type="checkbox"/> Engerix-B <input type="checkbox"/> Recombivax HB	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
Hib	<input type="checkbox"/> ActHIB <input type="checkbox"/> Hiberix <input type="checkbox"/> PedvaxHIB	Vials	<input type="checkbox"/> 5 <input type="checkbox"/> 10					x 1.33 =		- =		
HPV	Gardasil 9	Syringes	10					x 1.33 =		- =		
IPV	IPOL	Vials	10					x 1.33 =		- =		
MenACWY	<input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi	Vials	5					x 1.33 =		- =		
MenB	<input type="checkbox"/> Bexsero* <input type="checkbox"/> Trumenba*	Syringes	10					x 1.33 =		- =		
MMR	Priorix only	Vials	10					x 1.33 =		- =		

*Highlights indicate special order VFC vaccines

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDERING WORKSHEET

Low-Volume Providers



Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on [MyVFCVaccines.org](https://myvfcvaccines.org). Be sure to use the sheet that corresponds to your provider category.

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VACCINE	BRAND	PRESENTATION	DOSES/ BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINIS- TERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
PCV	<input type="checkbox"/> Vaxneuvance (PCV15) <input type="checkbox"/> Prevnar 20 (PCV20)	Syringes	10					x 1.33 =		- =		
PPSV23	Pneumovax 23*	Syringes	10					x 1.33 =		- =		
RSV	<input type="checkbox"/> Beyfortus (50mg) <input type="checkbox"/> Beyfortus (100mg)	Syringes	5					x 1.33 =		- =		
RV	<input type="checkbox"/> Rotarix <input type="checkbox"/> RotaTeq	<input type="checkbox"/> Vials <input type="checkbox"/> Tubes	<input type="checkbox"/> 10 <input type="checkbox"/> 25					x 1.33 =		- =		
Td	<input type="checkbox"/> Tenivac* <input type="checkbox"/> TD Vaccine (TDVAX)*	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.33 =		- =		
Tdap	<input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	<input type="checkbox"/> 5 <input type="checkbox"/> 10					x 1.33 =		- =		

FREEZER

COVID-19	Moderna only	Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 1.33 =		- =		
MMR	MMR-II only	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](https://myvfcvaccines.org) using the information from this worksheet.

* Highlights indicate special order VFC vaccines

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDERING WORKSHEET

Medium-Volume Providers



Date: _____

Instructions: Complete this worksheet using the attached instructions before ordering routine vaccines on [MyVFCVaccines.org](https://myvfcvaccines.org). Be sure to use the sheet that corresponds to your provider category.

REFRIGERATOR

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VACCINE	BRAND	PRESENTATION	DOSES/ BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINIS- TERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
COVID-19	<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax <input type="checkbox"/> Pfizer	<input type="checkbox"/> Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 1.5 =		- =		
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
DTaP- HepB-IPV	Pediarix	Syringes	10					x 1.5 =		- =		
DTaP-IPV- Hib-HepB	Vaxelis	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
DTaP-IPV	<input type="checkbox"/> Kinrix <input type="checkbox"/> Quadracel	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
DTaP-IPV- Hib	Pentacel	Vials	5					x 1.5 =		- =		
HepA	<input type="checkbox"/> VAQTA <input type="checkbox"/> Havrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
HepB	<input type="checkbox"/> Engerix-B <input type="checkbox"/> Recombivax HB	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
Hib	<input type="checkbox"/> ActHIB <input type="checkbox"/> Hiberix <input type="checkbox"/> PedvaxHIB	Vials	<input type="checkbox"/> 5 <input type="checkbox"/> 10					x 1.5 =		- =		
HPV	Gardasil 9	Syringes	10					x 1.5 =		- =		
IPV	IPOL	Vials	10					x 1.5 =		- =		
MenACWY	<input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi	Vials	5					x 1.5 =		- =		
MenB	<input type="checkbox"/> Bexsero* <input type="checkbox"/> Trumenba*	Syringes	10					x 1.5 =		- =		
MMR	Priorix only	Vials	10					x 1.5 =		- =		

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Date: _____

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VACCINE	BRAND	PRESENTATION	DOSES/ BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ADMINIS- TERED	SAFETY STOCK	ESTIMATED NEED	TOTAL DOSES ON HAND (total column D)	# DOSES	TOTAL DOSES TO ORDER
PCV	<input type="checkbox"/> Vaxneuvance (PCV15) <input type="checkbox"/> Prevnar 20 (PCV20)	Syringes	10					x 1.5 =		- =		
PPSV23	Pneumovax 23*	Syringes	10					x 1.5 =		- =		
RSV	<input type="checkbox"/> Beyfortus (50mg) <input type="checkbox"/> Beyfortus (100mg)	Syringes	5					x 1.5 =		- =		
RV	<input type="checkbox"/> Rotarix <input type="checkbox"/> RotaTeq	<input type="checkbox"/> Vials <input type="checkbox"/> Tubes	<input type="checkbox"/> 10 <input type="checkbox"/> 25					x 1.5 =		- =		
Td	<input type="checkbox"/> Tenivac* <input type="checkbox"/> TD Vaccine (TDVAX)*	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 1.5 =		- =		
Tdap	<input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	<input type="checkbox"/> 5 <input type="checkbox"/> 10					x 1.5 =		- =		

FREEZER

COVID-19	Moderna only	Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 1.5 =		- =		
MMR	MMR-II only	Vials	10					x 1.5 =		- =		
MMRV	ProQuad	Vials	10					x 1.5 =		- =		
VAR	Varivax	Vials	10					x 1.5 =		- =		

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VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDERING WORKSHEET

High-Volume Providers



Date: _____

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COVID-19	<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax <input type="checkbox"/> Pfizer	<input type="checkbox"/> Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 2.0 =		- =		
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 2.0 =		- =		
DTaP- HepB-IPV	Pediarix	Syringes	10					x 2.0 =		- =		
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High-Volume Providers



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Td	<input type="checkbox"/> Tenivac* <input type="checkbox"/> TD Vaccine (TDVAX)*	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10					x 2.0 =		- =		
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FREEZER

COVID-19	Moderna only	Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30					x 2.0 =		- =		
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