

**UTMB Flu Vaccine Order Form**  
**2017-2018**

Item	Doses Ordered**	NDC / User ID per pkg of 10	Issued	UID
<b>Quadrivalent Vaccines</b>				
Fluzone 0.25mL <b>QIV</b> Prefilled Syringes (Pedi 6-35mos)		49281-517-25		<b>9000033</b>
Fluzone 0.5mL <b>QIV</b> Prefilled Syringes (Adults - 3yrs and up)		49281-417-50		<b>9000034</b>
Fluzone <b>QIV</b> MDV (5mL vials) (6 mo and up)		49281-627-15		<b>9000141</b>
Fluzone Intradermal <b>QIV</b> (18yrs-64yrs)		49281-712-40		<b>0978563</b>
<b>High Dose Vaccine</b>				
Fluzone High Dose 0.5mL Syringe (65 yrs and up)		49281-401-65		<b>0978566</b>

**\*\*\*\*\*THIS SECTION MUST BE COMPLETED\*\*\*\*\***

Person Placing Order: \_\_\_\_\_  
 Order Date: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 FRS Account: \_\_\_\_\_  
 Phone Extension: \_\_\_\_\_  
 Bldg & Rm Num: \_\_\_\_\_

**Received:                      Date**

\_\_\_\_\_

**NOTE: Any clinic orders for Fluzone Adult QIV 0.5mL prefilled syringes may be converted to MDV (multi-dose vials) due to inventory.**

**\*\*\*\*\*PLEASE NOTE THE FOLLOWING\*\*\*\*\***

1. FLU VACCINES ARE NON-RETURNABLE
2. Orders will be rounded to the nearest box of 10 \*\*
3. Pharmacy is not responsible for courier pickup scheduling.
4. Please allow 48-72 hrs for all flu vaccine orders.