



# ADULT Biological Order Form

<b>HOURS (use military time)</b>					<b>PIN:</b>
<b>DAY</b>	<b>OPEN</b>	<b>CLOSE</b>	<b>LUNCH TIME</b>		Primary/Secondary Contact:
Mon.		–		–	Facility Name:
Tue.		–		–	Address:
Wed.		–		–	City/State:
Thu.		–		–	Zip Code:
Fri.		–		–	Primary/Secondary Phone:
Office closures over the next 2 months:					Primary/Secondary Fax:
					Primary/SecondaryEmail:

*All Adult Safety Net (ASN) providers will place a monthly order for a 75-day supply of vaccine inventory. Vaccine selections per group must total 100%.*

**Please do not write in the grey areas**

<b>VACCINE</b>	<b>MAXIMUM STOCK LEVEL</b>	<b>% SELECTED</b>	<b>ORDER AMOUNT IN DOSES</b>
<b>Hepatitis A</b>			
HAVRIX (GSK), pre-filled syringe, 10 pack			
VAQTA (Merck), pre-filled syringe, 10 pack			
<b>Hepatitis B</b>			
ENGERIX B (GSK), pre-filled syringe, 10 pack			
ENGERIX B (GSK), single-dose vial, 10 pack			
<b>Hepatitis A-Hepatitis B</b>			
TWINRIX (GSK), pre-filled syringe, 10 pack			
<b>Human Papillomavirus (HPV)</b>			
GARDASIL 9 (Merck), pre-filled syringe, 10 pack			
<b>Meningococcal Conjugate Vaccine (MCV4)</b>			
MENACTRA (Sanofi), single-dose vial, 5 pack			
MENVEO (GSK), single-dose vial, 5 pack			
<b>Measles, Mumps, Rubella (MMR)</b>			
M-M-R II (Merck), single-dose vial, 10 pack			
<b>Pneumococcal Conjugate Vaccine (PCV13)</b>			
PREVNAR 13 (Pfizer), pre-filled syringe, 10 pack			

VACCINE	MAXIMUM STOCK LEVEL	% SELECTED	ORDER AMOUNT IN DOSES
<b>Pneumococcal Polysaccharide Vaccine (PPSV23)</b>			
PNEUMOVAX 23 (Merck), pre-filled syringe, 10 pack			
<b>Tetanus and diphtheria (Td)</b>			
TDVAX (Grifols), single-dose vial, 10 pack			
<b>Tetanus, diphtheria, acellular pertussis (Tdap)</b>			
ADACEL (Sanofi), pre-filled syringe, 5 pack			
ADACEL (Sanofi), single-dose vial, 10 pack			
BOOSTRIX (GSK), pre-filled syringe, 10 pack			
BOOSTRIX (GSK), single-dose vial, 10 pack			
<b>The following vaccines are shipped separately. Allow additional time to receive these vaccines:</b>			
<b>Varicella</b>			
VARIVAX (Merck), single-dose vial, 10 pack			

**NOTE:** Products may be substituted without notice due to supply limitations from the manufacturer.

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**Date of Order**

\_\_\_\_\_  
**Primary/Secondary Signature**