

**PROVIDER DETAILS**

Date:	Number of GPs in practice (F/T or P/T):	<b>Vaccine Account <u>Number</u></b>
Practice Name:		
Delivery Address:		Opening Hours (for delivery):
Phone:	Person ordering vaccine:	
Fax:		

**COLD CHAIN DECLARATION – Please complete to ensure your order is processed**

Is the vaccine fridge monitored with a Min/Max thermometer? Y  N   
 How often is the temperature recorded? \_\_\_\_\_

Have vaccine fridge temperatures been between +2 to +8°C since the last vaccine order? Y  N   
 (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)

In order to receive free Commonwealth vaccines, I agree that this practice will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

GP/Practice Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**VACCINE ORDER**

<ul style="list-style-type: none"> <li>Count and record vaccine doses <u>currently in fridge</u></li> <li>Order the number of doses required for a <u>one month</u> period</li> </ul>	Doses In Fridge	Doses to be Supplied
<b>Gardasil</b>		
<b>Hiberix</b>		
<b>Infanrix - hexa</b>		
<b>Infanrix – IPV</b>		
<b>Meningitec</b>		
<b>Pneumovax 23</b>		
<b>Prevenar</b>		
<b>Priorix</b>		
<b>Rotarix (ORAL vaccine)</b>		
<b>Varilrix</b>		