

H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA)**GENERAL PRACTITIONER and ABORIGINAL MEDICAL
SERVICE VACCINE ORDER FORM**

Fax to 1800 041 528

PROVIDER DETAILS		
Date:	Number of GPs in practice (F/T and P/T):	Vaccine Account Number (VAN):
Practice Name:		
Delivery Address:		Opening Hours (for delivery):
Phone: Fax:	Name of person ordering:	
DECLARATION:		
<p><i>For practices with only a single practitioner, this declaration must be made by the practitioner. For practices with multiple practitioners this declaration must be made by a duly authorised practitioner or practice manager on behalf of all practitioners.</i></p> <ul style="list-style-type: none"> ▪ I/we agree to store the vaccine between 2° to 8° C and to comply with cold chain recommendations in the <i>National vaccine storage guidelines: Strive for 5.</i> ▪ I/we agree to adhere to strict infection control practices whilst using multi-dose vaccine vials. ▪ I/we will read and adhere to the endorsed Multi-dose Vial Guidelines when available. They will be placed on the NSW Health website. <p>Name of authorised practitioner: Signature: Date: / /</p>		
ORDER:		Number of doses to be supplied
PANVAX <i>(H1N1 pandemic influenza vaccine)</i>		
Australian Government Vaccination Packs <i>(Disposable equipment for 200 vaccinations)</i>		Number of packs to be supplied

Enquiries regarding orders/dispatch: 1300 656 132

Issued September 2009