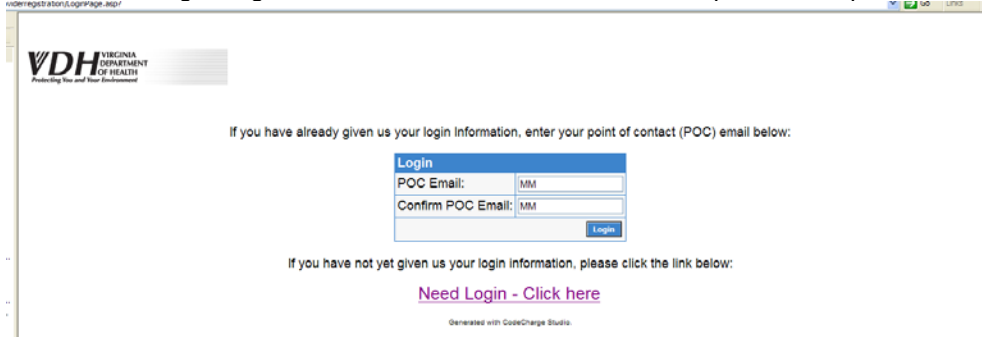


NAVIGATION GUIDE

I DID NOT PRE-REGISTER

If you did not pre-register, please click the "Need Login" link and fill out the information requested. Remember the e-mail address. You will be asked to enter it in the Login Page you will see next.

Below is the Login Page. Enter the e-mail address used in the previous step.



Once you are logged-in, you should see the facility (facilities) in a table.

List of Registered Providers					
Facility ID	Facility Name	Street Address	City	State	Zip
32	ABC Peds	109 Governor	Richmond	VA	23219
33	The Bottom Van	by the river	asjdfll	sdjf	sdjf

[Add New](#)

Click on the Facility ID in the left column. Fill out the Provider Profile information and click on the submit button in the bottom right corner at the end of the page. You will see the Facility Name(s) in a table after submitting it.

The system will validate the 9 digit (no leading zero) Medical License Number you submitted. NOTE: The system will need to match the Medical License Number of the MD or DO exactly (for example 101#####). You will be asked to log-in again.

ACCEPTING THE PROVIDER AGREEMENT

Accept the agreement for the site(s) you have pre-registered/registered. One Provider Agreement may be submitted for multiple sites for which you have authority. Accept the terms and conditions for H1N1 providers by clicking on the "Agreement" button in the upper left corner. Read the terms and conditions. Click the check-box to agree to them. Then click on the submit button. You only have to do this step once. You will be asked to log-in again after this step.

ORDERING VACCINE

Before you can place an order, you must have accepted the provider agreement and your provider submission must be verified. This can take up to 24 hours. A "Log Orders" column will appear in the table allowing orders to be entered for approved sites. If you see the Log Orders column you may proceed.

Click the number in the "Log Orders" column on the right side of the table for the corresponding facility's order.

List of Registered Providers						
Facility ID	Facility Name	Street Address	City	State	Zip	Log Orders
32	ABC Peds	109 Governor	Richmond	VA	23219	32
33	The Bottom Van	by the river	asjdfll	sdjf	sdjf	33

[Add New](#)

You will see an order entry screen. Select the site from the drop-down and enter the number of doses you think you'll need for the H1N1 season.

Influenza A (H1N1) Vaccine Order Form

PLEASE ESTIMATE THE AMOUNT OF VACCINE YOU WILL NEED FOR THE ENTIRE FLU SEASON (October - May).

While every effort will be made to honor your request, substitutions may be necessary. Smaller shipments (<100 doses) may come from a distributor other than McKesson. Orders are filled as vaccine is available.

Site	Select Value
Sanofi Prefilled syringe, 0.25 mL	Select Value
Sanofi Prefilled syringe, 0.5 mL	Select Value
Sanofi Prefilled vial, 0.5 mL	Select Value
Sanofi Multi-dose vial (10 doses), 5 mL	Select Value
CSL Prefilled syringe, 0.5 mL	Select Value
CSL Multi-dose vial (10 doses), 5 mL	Select Value
Medimmune Nasal Sprayer	Select Value
Novartis Prefilled syringe, 0.5 mL	Select Value
Novartis Multi-dose vial (10 doses), 5 mL	Select Value
GSK Adult	Select Value
<input type="button" value="Add"/>	

Vaccine will be sent to you in several shipments as it becomes available. Information from your Provider Profile will be used to determine optimal shipments. Filling your order as requested will be attempted, however vaccine substitutions may be necessary.