

I PRE-REGISTERED

Pre-approved sites are those who provided a valid medical license number for the prescribing physician during pre-registration process. In the Login Window below enter the e-mail address submitted when you pre-registered. If the e-mail address does not match, call 804-864-8055.

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	asjdf	sdjf	sdjf

[Add New](#)

You will see the sites associated with your e-mail address.

Click on the facility number on the left to update your profile with shipping instructions and profile data for each site you see listed.

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

Now you should see a "Log Orders" column appear in the far right column of the table listing. 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	asjdf	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
	Sanofti Prefilled syringe, 0.25 ml.	Select Value
	Sanofti Prefilled syringe, 0.5 ml.	Select Value
	Sanofti Prefilled vial, 0.5 ml.	Select Value
	Sanofti Multi-dose vial (10 doses), 5 ml.	Select Value
	CSLPrefilled 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.