

Virginia Adult Hepatitis B Immunization Initiative (VAHBII) Vaccine Order Form

Venue Name: _____

Contact: _____ Date: _____

Shipping Address: _____

Shipping Instructions/ Business Days/Hours: _____

Phone: _____ Fax: _____

Instructions:

- Complete the number of “Total Doses” requested.
- Please: 1) include your site’s current vaccine inventory and 2) check your refrigerator temperatures.
- Allow 1 to 2 weeks for vaccine delivery from date of order submission.
- Ideally, orders should be placed quarterly, i.e., every three months.
- Vaccine orders may be placed as needed or for special circumstances.
- **Fax or email orders to Rebecca Early at (804) 864-8089 or JRebecca.Early@vdh.virginia.gov**

REQUESTED VACCINE			
Vaccine		Unit Shipping Size	Total Doses
Adult Monovalent Hepatitis B	Engerix B (GlaxoSmithKline)	10 x 1 dose T-L prefilled syringes (no needle)	

CURRENT INVENTORY			
Vaccine Type	Lot Number(s) on Hand	Expiration Date	Doses on Hand
Adult Hepatitis B			
Adult Hepatitis B			

Has your clinic’s on-site, vaccine refrigerator maintained a temperature of between 35 and 46 degrees Fahrenheit (2-8 degrees Celsius) in the past 30 days? _____ Yes _____ No

I certify that the information contained in this report is accurate and has been verified by a physical inspection of this site’s Adult Hepatitis B vaccine inventory and its refrigerator’s temperature log.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Division of Immunization
Virginia Department of Health
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Richmond VA, 23219
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