

Influenza Vaccine Reservation 2025-26

Fax completed form to 804-864-8090

DIRECTIONS: Complete the form below. Base your request on eligibility criteria (see the notes below), the influenza vaccine dosage schedule, and last season's demand. All reservations are subject to approval. Reservations will be limited based on vaccine availability and your facility's patient enrollment.

Notes:

1. **Virginia Vaccines for Children (VVFC)** supplies are provided to enrolled sites whose patient is less than 19 years-old and meets one or more of the following criteria: Medicaid/Medicaid HMO, uninsured, American Indian, Alaskan Native; or underinsured patients at a Federally Qualified Health Center (FQHC). Patients enrolled in FAMIS are not eligible to receive VVFC vaccines.
2. **Virginia Vaccines for Adult (VVFA)** supplies are provided to health departments, FQHCs, free clinics or other public healthcare providers whose patient is 19 years-old, or older and is either uninsured or underinsured.

PIN _____ Facility _____ Contact _____ Phone _____ Fax _____

Email: _____ Anticipated delivery date: _____

Address: _____ Special Shipping Instructions: _____

This reservation includes vaccine for the following additional sites: _____

Influenza Vaccine for VVFC Patients						
Pediatric	Mfg.	Brand	Description	Age	Preservative Free	Doses Requested
66019-0112-10	AstraZeneca	FluMist	0.2mL; single dose sprayer; 10 pack	2-49 years	Yes	
58160-0912-52	GSK	Fluarix	0.5mL single dose syringe, 10 pack	6 months+	Yes	
19515-0904-52	GSK	FluLaval	0.5mL single dose syringe, 10 pack	6 months+	Yes	
49281-0643-15	Sanofi	Fluzone	5mL multi-dose vial, One 10-dose vial	6 months+		
49281-0425-50	Sanofi	Fluzone	0.5mL single dose syringe, 10 pack	6 months+	Yes	
70461-0655-03	Seqirus	Flucelvax	0.5mL single dose syringe, 10 pack	6 months+	Yes	
70461-0555-10	Seqirus	Flucelvax	5mL multi-dose vial, One 10-dose pack	6 months+		
33332-0025-03	Seqirus	Afluria	0.5mL single dose syringe, 10 pack	36 months+	Yes	
33332-0125-10	Seqirus	Afluria	5mL multi-dose vial, One 10-dose pack	6 months+		

Influenza Vaccine for Uninsured and Underinsured Adults 19 years+ (Health Departments, FQHCs, Free Clinics and Public Healthcare Providers Only)					
Adult	Mfg.	Brand	Description	Preservative Free	Doses Requested
66019-0112-10	AstraZeneca	FluMist	0.2mL; single dose sprayer; 10 pack	Yes	
58160-0912-52	GSK	Fluarix	0.5mL single dose syringe, 10 pack	Yes	
19515-0904-52	GSK	FluLaval	0.5mL single dose syringe, 10 pack	Yes	
49281-0425-50	Sanofi	Fluzone	0.5mL single dose syringe, 10 pack	Yes	
49281-0643-15	Sanofi	Fluzone	5mL multi-dose vial, One 10-dose vial		
49281-0125-65	Sanofi	Fluzone High-dose	0.5mL single dose syringe, 10 pack	Yes	
70461-0655-03	Seqirus	Flucelvax	0.5mL single dose syringe, 10 pack	Yes	
70461-0555-10	Seqirus	Flucelvax	5mL multi-dose vial, One 10-dose pack		
33332-0025-03	Seqirus	Afluria	0.5mL single dose syringe, 10 pack	Yes	
33332-0125-10	Seqirus	Afluria	5mL multi-dose vial, One 10-dose pack		