PIN:_____

Bridge Program Vaccine Order Form

DATE:_____

Facility: _____ **Address:** _____

Phone: _____ **Fax:** _____ **Email:** _____

A continuous temperature monitoring report is required with your vaccine order. CDC recommends providers place orders when they are down to a 4-week inventory. Placing smaller orders and maintaining a lower inventory decreases your risk of wasting vaccine should a spoilage incident occur.

CPT CODE	VACCINE		Unit Shipping Size	Doses Requested	NDC #	Doses On Hand	Lot #	Exp. Date	Doses On Hand	Lot #	Exp. Date
91322	COVID-19	Moderna (12y+)	10 x 1 dose vials		80777-0102-95						
91321		Moderna (6m-11y)	10 x 1 dose vials		80777-0287-92						
91320		Pfizer (12y+)	10 x 1 dose syringe		00069-2377-10						
91319		Pfizer (5y-11y)	10 x 1 dose vials		59267-4331-02						
91318		Pfizer (6m-4y);	10 x 3 dose vials	Multiples of 30 Only	59267-4315-02						
91304		Novavax (12y+)	2 x 5 dose vials	Not Available	80631-0105-02						

Virginia Department of Health, Division of Immunization
Vaccine For Children Program
Email: vvfc@vdh.virginia.gov

Phone: (877) 781-VVFC (8832)
or (804) 864-8055
Fax: (804) 864-8090