


**Missouri Immunization Program  
Vaccine Order Form – LPHAs**

**INSTRUCTIONS:** Please use this form to order vaccine. Indicate the **number of doses** needed. You must account for all previously shipped vaccine and wastage on the monthly accountability form.

Vaccines	Doses Ordered (Indicate No. of Doses)	Packaging Information
DTaP ( <i>DAPTACEL</i> ) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP ( <i>Tripedia</i> ) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP ( <i>Infanrix</i> ) GSK	doses	10 single-dose vials (10x1)
DTaP/HB/IPV ( <i>Pediarix</i> ) GSK licensed for doses 1, 2, 3 only	doses	10 single-dose vials (10x1)
DTaP/Hib/IPV ( <i>Pentacel</i> ) Sanofi Pasteur licensed for doses 1-4, <5 yrs of age	doses	5 single-dose vials (5X1)
DTaP/IPV ( <i>KINRIX</i> ) GSK licensed for DTaP #5 and IPV #4, 4-6 yrs of age	doses	10 single-dose vials (10X1)
DT Sanofi Pasteur less than 7 yrs of age	doses	10 single-dose vials (10x1)
EIPV ( <i>IPOL</i> ) Sanofi Pasteur	doses	10 dose vial
Hep A ( <i>Havrix</i> ) GSK 1+ yrs of age	doses	10 single-dose vials (10x1)
Hep A ( <i>VAQTA</i> ) Merck 1+ yrs of age	doses	10 single-dose vials (10x1)
Hep B ( <i>Engerix</i> ) GSK	doses	10 single-dose vials (10x1)
Hep B ( <i>Recombivax</i> ) Merck	doses	10 single-dose vials (10x1)
Hep B-Adult ( <i>Engerix</i> ) GSK 19+ yrs	doses	10 single-dose vials (10x1)
Hep B-Adult ( <i>Recombivax</i> ) Merck 19+ yrs	doses	10 single-dose vials (10x1)
Hep B/Hib ( <i>COMVAX</i> ) Merck	doses	10 single-dose vials (10x1)
Hib ( <i>ActHIB</i> ) Sanofi Pasteur 4-dose series	doses	5 single-dose vials with diluent (5x1)
Hib ( <i>PedvaxHIB</i> ) Merck 3-dose series	doses	10 single-dose vials (10x1)
HPV ( <i>GARDASIL</i> ) Merck Females 9 - 18 yrs of age - <u>VFC children only</u>	doses	10 single-dose vials (10x1)
MCV4 ( <i>Menactra</i> ) Sanofi Pasteur 11 - 18 yrs (may also use for college entry)	doses	5 single-dose vial (5x1)
MMR ( <i>MMRII</i> ) Merck	doses	10 single-dose vials with diluent (10x1)
Pneumo 23 ( <i>Pneumovax</i> ) Merck 2+ yrs	doses	5 dose vial
PNU 7 ( <i>Pprevnar</i> ) Wyeth	doses	10 pre-filled syringes (10x1)
Rotavirus ( <i>RotaTeq</i> ) Merck 3-dose series - 6 - 32 wks of age	doses	10 single-dose tubes (10x1)
Rotavirus ( <i>Rotarix</i> ) GSK 2-dose series - 6-32 wks of age	doses	10 single-dose tubes (10x1)
Td ( <i>DECAVAC</i> ) Sanofi Pasteur 7+ yrs of age	doses	10 pre-filled syringes (10x1)
Td Massachusetts 7+ yrs of age	doses	15 dose vial
Tdap ( <i>ADACEL</i> ) Sanofi Pasteur 11- 64 yrs of age	doses	10 single-dose vials (10x1)
Tdap ( <i>BOOSTRIX</i> ) GSK 11 - 18 yrs of age	doses	10 single-dose vials (10x1)
Varicella ( <i>Varivax</i> ) Merck	doses	10 single-dose vials (10x1)
SIGNATURE and DATE	<b><u>Please assure that your address and pin number are provided below:</u></b>	
		
VFC Use Only		

RETURN COMPLETED ORDER FORM TO:  
**Vaccines for Children Program, MODHSS**  
**PO Box 570, Jefferson City, MO 65102**  
**Phone: 800-219-3224 FAX: 573-526-5220**