



ADULT Biological Order Form

HOURS (use military time)				PIN:	
DAY	OPEN	CLOSE	LUNCH TIME		Contact Person:
Mon.		–		–	Facility Name:
Tue.		–		–	Address:
Wed.		–		–	City/State:
Thu.		–		–	Zip Code:
Fri.		–		–	Phone:
Office closures over the next 2 months:				Fax:	
				Email:	

All Adult Safety Net (ASN) providers will place a monthly order for a 75-day supply of vaccine inventory. Vaccine selections per group must total 100%.

Please do not write in the grey areas

VACCINE	MAXIMUM STOCK LEVEL	% SELECTED	ORDER AMOUNT
Hepatitis A			
HAVRIX (GSK), pre-filled syringe, 10 pack			
VAQTA (Merck), pre-filled syringe, 10 pack			
VAQTA (Merck), single-dose vial, 10 pack			
Hepatitis B			
ENGERIX B (GSK), pre-filled syringe, 10 pack			
ENGERIX B (GSK), single-dose vial, 10 pack			
Hepatitis A-Hepatitis B			
TWINRIX (GSK), pre-filled syringe, 10 pack			
Human Papillomavirus (HPV)			
GARDASIL 9 (Merck), pre-filled syringe, 10 pack			
Meningococcal Conjugate Vaccine (MCV4)			
MENACTRA (Sanofi), single-dose vial, 5 pack			
MENVEO (GSK), single-dose vial, 5 pack			
Measles, Mumps, Rubella (MMR)			
M-M-R II (Merck), single-dose vial, 10 pack			
Pneumococcal Conjugate Vaccine (PCV13)			
PREVNAR 13 (Pfizer), pre-filled syringe, 10 pack			
Pneumococcal Polysaccharide Vaccine (PPSV23)			
PNEUMOVAX 23 (Merck), pre-filled syringe, 10 pack			

VACCINE	MAXIMUM STOCK LEVEL	% SELECTED	ORDER AMOUNT
Tetanus and diphtheria (Td)			
TDVAX (Grifols), single-dose vial, 10 pack			
Tetanus, diphtheria, acellular pertussis (Tdap)			
ADACEL (Sanofi), pre-filled syringe, 5 pack			
ADACEL (Sanofi), single-dose vial, 10 pack			
BOOSTRIX (GSK), pre-filled syringe, 10 pack			
BOOSTRIX (GSK), single-dose vial, 10 pack			
The following vaccines are shipped separately. Allow additional time to receive these vaccines:			
Varicella			
VARIVAX (Merck), single-dose vial, 10 pack			
Zoster			
SHINGRIX (GSK), single-dose vial, 1 pack			
SHINGRIX (GSK), single-dose vial, 10 pack			

NOTE: Products may be substituted without notice due to supply limitations from the manufacturer.

Date of Order

Authorized Signature