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| NHS Forth Valley Vaccine Holding Centre **COVID VACCINE** Request Form |
| * Completed orders should be emailed to fv.vaccineservice@nhs.scot 7 days in advance of clinic.
* Any requests being submitted less than 7 days in advance must be followed up with a phone call to ensure the order can be processed.
* Incomplete orders will not be accepted
 |
| Site Requesting Stock | **Clinic Name** |  |
| **Delivery Address** |  |
| **Please tick which applies – GP Immunisation Team Other (please specify)**  |
| **Date and Time Vaccines Required** |  | **Clinic Telephone Number** |  |
| **Vaccines Required** |  |
| **Brand Name** | **Product** | **Pack Size** | **Quantity of vials required** | **Pharmacy Endorsement**  |
| * **Spikevax Bivalent Vaccine (Moderna)**
* **Comirnaty Bivalent Vaccine (Pfizer) - currently not in stock**
 | * Booster vaccine for adults aged 18+
 | 1 vial = 5 doses |  |  |
| * **Nuvaxovid Vaccine (Novovax)**
 | * Vaccine for patients who cannot receive MRNA vaccine
 | 1 vial = 10 doses |  |  |
| * **Comirnaty 10mcg Vaccine (Pfizer)**
 | * Vaccine for children aged 5-11 years old
 | 1 vial = 10 doses |  |  |
| * **Comirnaty 30mcg Vaccine (Pfizer)**
 | * Vaccine for patients aged 12+ for primary immunisation.
* Booster vaccine for children aged 12-17 years old
 | 1 vial =6 doses |  |  |
| Registered Member of Staff Requesting Stock | **Name** | **Job Title** | **Contact Number** | **Date** |
|  |  |  |  |
| Any other information? |
| **Pharmacy Use Only** |
| **Issued by** |  | **Picked by** |  | **Checked by** |  |

Pharmacy Vaccine Service Fv.vaccineservice@nhs.scot

Vaccine Holding Centre 01324 616112

Falkirk Community Hospital