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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NHS Forth Valley Vaccine Holding Centre Request Form** | | | | | | | | | | | | | | | |
| * This order form may only be used for vaccines being administered as per the national programme. * Completed orders should be emailed to [fv.vaccineservice@nhs.scot](mailto: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 * **GP’s can order flu vaccines for use in children via this order form, adult flu vaccine should be requested from Movianto** | | | | | | | | | | | | | | | |
| Site Requesting Stock | | | **Clinic/Pharmacy/School Name** | | | | | | |  | | | | | |
| **Delivery Address** | | | | | | |  | | | | | |
| **Please tick which applies – GP Immunisation Team Other(please specify)** | | | | | | | | | | | | | | | |
| **Date and Time Vaccines Are Required** | | | |  | | | | **Clinic Telephone Number** | | |  | | | | |
| **Vaccines Required** | | | | | | | | | | | | | | | |
|  | | **Brand Name** | | | **Age group** | | **Product** | | | | | **Pack Size** | | | **Quantity of doses required** |
| **Fluenz** | | | 2 years – 18 years | | Influenza vaccine (live attenuated, nasal) | | | | | 10 pre-filled applicator | | |  |
| **QIVc** | | | 2 years – 64 years | | **Cell-based Quadrivalent Influenza Vaccine** | | | | | 10 pre-filled syringes | | |  |
| **aQIV** | | | 65 years + | | Adjuvanted **Quadrivalent Influenza Vaccine** | | | | | 10 pre-filled syringe | | |  |
| **Egg-based Quadrivalent Influenza Vaccine** | | | 6 months - 2 years old | | **Egg-based Quadrivalent Influenza Vaccine** | | | | | 1 pre-filled syringe | | |  |
|  | | | | | | | | | | | | | | | |
| 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

Vaccine Holding Centre

Fv.vaccineservice@nhs.scot

01324 616112

Falkirk Community Hospital