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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 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