

 <small>HSE          Heilthweamachd na Saothóirí Síle          Health Service Executive</small>	<b>HSE National Cold Chain Delivery Service</b>	<b>GP vaccine          Order Form</b>
	United Drug House, Magna Business Park, Citywest Road, Dublin 24. <small>Registered in Ireland as United Drug plc. Company No. 12244</small>	
<b>PLEASE COMPLETE IN FULL</b> Account Name: _____ Practice Name: _____ Address: _____ _____ _____ Tel: _____ Fax: _____ Email: _____		<b>Customer Service Team</b> HSE National Cold Chain Service United Drug House Magna Drive Magna Business Park Citywest Road Dublin 24 Tel: +353 (1) 4637770 Fax: +353 (1) 4637788 Email: <a href="mailto:vaccines@udd.ie">vaccines@udd.ie</a>
<b>No prior approval is required for the following vaccines:</b>		
<b>Vaccines</b>		<b>Quantity (Doses)</b>
6 in 1 (DTaP/IPV/HIB/Hep B)		
Meningococcal C (Men C)		
Pneumococcal Conjugate Vaccine (PCV Paediatric)		
MMR		
Hib (Haemophilus Influenza Type B)		
4 in 1 (DTaP/IPV)		
Low dose Diphtheria/Tetanus (Td) (licensed for use in those over 5 years)		
Influenza Vaccine		
Pneumococcal Polysaccharide Vaccine (PPV)		
<b>Other vaccines for which approval is required before ordering</b>		
<b>Vaccines</b>		<b>Quantity (Doses)</b>
Hepatitis B Adult		
Hepatitis B Paediatric		
Hepatitis A Adult		
Hepatitis A Paediatric		
dTap/IPV (IPV Boostrix)		
<b>PLEASE ADVISE ANY CHANGE TO CONTACT DETAILS</b>		

Order placed by (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax your Completed Order Form to: 01 463 7788 **before 3pm** on your final day for ordering as per your delivery schedule