

 <small>Heilmeasacht na Seirbhíse Sáimé Health Service Executive</small>	HSE National Cold Chain Delivery Service	HSE Vaccine Order Form
	United Drug House, Magna Business Park, Citywest Road, Dublin 24. Registered in Ireland as United Drug plc. Company No. 12244	

PLEASE COMPLETE IN FULL	Customer Service Team
UD Account No. : _____	HSE National Cold Chain Service
Account Name: _____	Tel: +353 (1) 4637770
Tel: _____ Fax: _____	Fax: +353 (1) 4637788
Email: _____	Email: vaccines@udd.ie

Vaccine Order Form

Vaccines	Quantity in stock (Doses)	Doses being returned for destruction	Quantity requested (Doses)
BCG			
Tuberculin			
MMR			
4 in 1 (DTaP/IPV)			
HPV (Gardasil)			
Tdap (Boostrix)			
Tdap/IPV (IPV Boostrix)			
Td (DiTeBooster)			
6 in 1 (DTaP/IPV/HIB/Hep B)			
Meningococcal C (Men C)			
Pneumococcal Conjugate Vaccine (PCV 13)			
Hib (Haemophilus Influenza Type B)			
Hepatitis B Adult			
Hepatitis B Paediatric			
Hepatitis A Adult			
Hepatitis A Paediatric			
Hepatitis A+B Adult(Twinrix adult)			
Hepatitis A+B Paediatric (Twinrix paediatric)			
MenACW ₁₃₅ Y (Menveo)			
Influenza Vaccine			
Pneumococcal Polysaccharide Vaccine (PPV)			

PLEASE ADVISE ANY CHANGE TO CONTACT DETAILS

Order placed by _____ Date: _____

Please email your Completed Order Form to: [Vaccines@udd.ie](mailto:vaccines@udd.ie)