|  |  |  |
| --- | --- | --- |
|  | **HSE National Cold Chain Service** | **Outbreak**  **Vaccine OrdEr Form** |
| **Please Complete in Full**  **Account Name/Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Customer Service Team**  HSE National Cold Chain Service  United Drug House  Magna Drive  Magna Business Park  Citywest Road  Dublin 24.  Tel: +353 (1) 4637770  Email: [vaccines@udd.ie](mailto:vaccines@udd.ie) |

* **DATE OF EXPOSURE** : DD/MM/YY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **DATE VACCINES NEED TO BE DELIVERED TO SITE**: DD/MM/YY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
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| **no. of vaccines required** | **Vaccine** | **Dates of birth of patients** | **Outbreak Code** |
|  | **Hepatitis A Adult (16 years and older)** |  |  |
|  | **Hepatitis A Paediatric (from 1 year up to and including 15 years old)** |  |  |
|  | **Hepatitis B Adult (16 years and older)** |  |  |
|  | **Hepatitis B Paediatric (up to and including 15 years old)** |  |  |
| **no. of vaccines required** | **Vaccine** | **Dates of birth of patients** | **Outbreak Code** |
|  | **MMR** |  |  |
|  | **Men C** |  |  |
|  | **Men B** |  |  |
|  | **MenACWY** |  |  |
|  | **Polio Containing Vaccine – brand name of vaccine required must be specified** |  |  |
|  | **Pertussis containing vaccine - brand name of vaccine required must be specified** |  |  |
|  | **varicella\*** |  |  |

\* Varicella vaccines are currently only funded for outbreaks that occur in congregate settings

**Order Placed by (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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