VERMONT
DEPARTMENT OF HEALTH

Vaccine Inventory and Order Template

Practice ID#
Practice Name:
Temperature Logs – Fax your temp logs since last vaccine order
Verify delivery days and hours – if different from VTrckS notify the IZ program at 1-800-640-4374

Starting Inventory Date: ___/__/____
Ending Inventory Date:___/___/____

VACCINE	Starting Inventory Balance	Total Doses Given	● Expired, Wasted and Transfer Out	Transfer In ●	Ending Inventory	New Doses Ordered	VTrckS Order Intention	New Inventory Balance
PREVNAR **00005-1971-02** PCV13							Pediatric	
GARDASIL **00006-4045-41** HPV4							Choose Pediatric or Adult	
MMRII **00006-4681-00** MMR							Pediatric	
VARIVAX **00006-4827-00** VARICELLA							Pediatric	
PNEUMOVAX **00006-4943-00** PPSV23							Adult	
ZOSTAVAX **00006-4963-41** ZOSTER							Adult	
ADACEL **49281-0400-10** Tdap **Child**							Pediatric	
ADACEL **49281-0400-10** Tdap **Adult**							Adult	
PENTACEL **49281-0510-05** DTaP-IPV/HIB							Pediatric	
ACTHib **49281-0545-05** HIB							Pediatric	
MENACTRA **49281-0589-05** MCV4							Pediatric	

OPTIONAL USE

Vaccine Inventory and Order Template

VACCINE	Starting Inventory Balance	Total Doses Given	● Expired, Wasted and Transfer Out	Transfer In ●	Ending Inventory	New Doses Ordered	VTrckS Order Intention	New Inventory Balance
IPOL **49281-0860-10** IPV							**Pediatric**	
INFANRIX **58160-0810-11** **DTaP**							**Pediatric**	
KINRIX **58160-0812-11** DTaP-IPV							**Pediatric**	
TWINRIX **58160-0815-11** Hep A/B **Adult**							**Adult**	
ENGERIX-B **58160-0820-11** Hep B **Child**							**Pediatric**	
ENGERIX-B **58160-0821-11** Hep B **Adult**							**Adult**	
HAVRIX **58160-0825-11** Hep A **Child**							**Pediatric**	
HAVRIX **58160-0826-11** Hep A **Adult**							**Adult**	
BOOSTRIX **58160-0842-11** Tdap **Adult**						**Order Adacel Adult**	**Not Available to Order**	
PEDIARIX **58160-0811-52** DTaP-Hep B-IPV							**Pediatric**	
ROTARIX **58160-0854-52** RV1							**Pediatric**	
TENIVAC **49281-0215-10** TD							**Pediatric**	

- THIS FORM IS FOR INTERNAL OPTIONAL USE ONLY, **DO NOT SUBMIT IT TO THE VERMONT IMMUNIZATION PROGRAM.**

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OPTIONAL USE