

**Maryland Vaccines for Children Program
Vaccine Inventory Form**
(Inventory must be submitted in order to receive next vaccine shipment)

Provider Name: _____

VFC PIN#

Day(s) vaccine cannot be received: _____

Telephone # (____) _____

Address Change: _____

Fax # (____) _____

Person Completing Inventory: _____

Date: ____/____/____

| Vaccine | Inventory of VFC Doses On Hand* | Indicate BRAND CHOICE for next shipment** ▼ |
|--|---------------------------------|---|
| DTaP | | |
| DTaP/Hib (TriHibit®) | | Single Manufacturer |
| DTaP/HEP B/IPV (Pediarix™) | | Single Manufacturer |
| DT (pediatric) | | Single Manufacturer |
| Td (for children older than 6 years of age) | | Single Manufacturer |
| Tdap (Tetanus and diphtheria with acellular pertussis) | | |
| Hib | | |
| Hepatitis B pediatric formula | | |
| Hepatitis B 2-dose (Adolescent 11-15 yrs) | | Single Manufacturer |
| Hepatitis B - Hib (Comvax®) | | Single Manufacturer |
| MMR | | Single Manufacturer |
| MMR-V (ProQuad®) | | Single Manufacturer |
| E-IPV (Polio) | | Single Manufacturer |
| Varicella | | Single Manufacturer |
| Pneumococcal Conjugate (Prevnar®) | | Single Manufacturer |
| Meningococcal Conjugate (Menactra®) | | Single Manufacturer |
| Pneumococcal polysaccharide 23-valent | | Single Manufacturer |
| Hepatitis A | | |
| Rotavirus | | Single Manufacturer |
| HPV (Gardasil®) | | Single Manufacturer |

Check all Combination vaccines you wish to receive ▼ :

| | | | |
|---|--|-------------------------------------|--|
| Comvax® (Hepatitis B – Hib) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pediarix™ (DTaP/HEP B/IPV) vials | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trihibit® (DTaP/Hib) 4 th dose use <u>only</u> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pediarix™ (DTaP/HEP B/IPV) syringes | Yes <input type="checkbox"/> No <input type="checkbox"/> |

* Estimate number of doses in partially used multi-dose vials.

** The VFC program reserves the right to ship any vaccine based on its available inventory.

Fax or Mail completed Form To:

Fax: 410-333-5893

Phone: 410-767-6030

Vaccines for Children Program
201 W Preston St. Rm 318
Baltimore, MD 21201