

Fax to 1800 041 528

Enquiries regarding orders/dispatch: **1300 656 132**

PROVIDER DETAILS

Date:		Vaccine Account <u>Number</u>
Organisation Name:		
Delivery Address:		Opening Hours (for delivery):
Phone:	Person ordering vaccine:	
Fax:		

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer? Y N
 How often is the temperature recorded? _____

Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order? Y N
 (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)

In order to receive free Australian Government vaccines, I agree that this facility will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

Name (print): _____ Signature: _____

VACCINE ORDER FOR ONE MONTH

VACCINE	Doses in Fridge	Doses to be Supplied
<p>Boostrix</p> <p>(Eligibility: Parents, grandparents or carers of children less than 12 months of age)</p>		