



**Bureau of Immunization
NYC DOHMH
Phone: (212) 676-2323 Fax: (212) 676-2314
H1N1 Influenza Vaccine Enrollment & Order Form**

1. Facility Information (owner/administrator/person in charge)

Practice/Group Practice/Clinic/Facility Name (if different from owner's name): _____

Last Name: _____ First Name: _____

Shipping Address: _____

Borough: _____ State: New York Zip Code: _____

Office Telephone #: _____ Ext. _____ Fax #: _____

E-Mail Address: _____

2. Are you currently enrolled in the Citywide Immunization Registry (CIR): circle one

No Yes (if yes please indicate your Facility Code) _____

3. Are you currently enrolled in the Vaccines For Children (VFC) program: circle one

No Yes (if yes indicate your VFC PIN number and proceed to item # 8) _____

4. Facility Type (Please check one):

Private _____ Public(HHC) _____ Other (please specify) _____

5. Practice Type: Please Check one

Pediatrics _____ OB/GYN _____ Family Practice _____ Internal Medicine _____

Geriatrics _____ Nursing Home _____ Hospital _____ School/College _____

Other (please indicate) _____

6. Please indicate a contact person to answer questions and/or accept shipments on behalf the site

Contact Person: _____ Telephone: _____

E-Mail Address: _____

7. Shipping Hours: Please indicate hours that your site is open and someone is available to accept shipments.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
open	close	open	close	open	close	open	close	open	close

8. H1N1 VACCINE REQUEST:

H1N1 Influenza Vaccine NDC #	Presentation	Manufacturer	Doses Requested (100 dose increments only; minimum order of 100 doses per presentation)
49281-0650-25	Prefilled syringe, 0.25 mL, 10 10-packs	Sanofi	
49281-0650-50	Prefilled syringe, 0.5 mL, 10 10-packs	Sanofi	
49281-0640-15	Multi-dose vial (10 doses), 5 mL, 10 1-packs	Sanofi	
49281-0650-70	Prefilled syringe, 0.25 mL, 4 25-packs	Sanofi	
49281-0650-90	Prefilled syringe, 0.5 mL, 4 25-packs	Sanofi	
66521-0200-02	Prefilled syringe, 0.5 mL, 10 10-packs	Novartis	
66521-0200-10	Multi-dose vial (10 doses), 5 mL, 10 1-packs	Novartis	
33332-0519-01	Prefilled syringe, 0.5 mL, 10 10-packs	CSL	
33332-0629-10	Multi-dose vial (10 doses), 5 mL, 10 1-packs	CSL	
66019-0200-10	Nasal sprayer, 10 10-packs	MedImmune	