Vaccine Direct Shipped (Frozen) Request Form—Public Sector
VARIVAX® (Varicella—Chickenpox)
ProQuad® (Measles, Mumps, Rubella, and Varicella)

Instructions:

1. *Please print or type.*

2. ***Clinics:*** *Submit the white (original) and yellow copies of the completed VARIVAX®/ProQuad® Vaccine Request Forms to the Immunization Coordinator at your local health department. Keep the pink copy for your records.*

3. ***Immunization Coordinators:*** *Review and then submit the white copies of approved forms to the Vaccines for Children Program at the following address (keep the yellow copy for your records):*

   Vaccines for Children Program
   California Department of Health Services
   Immunization Branch
   850 Marina Bay Parkway, Building P
   Richmond, CA 94804
   Toll-free Telephone: 877-2Get-VFC (877-243-8832)
   Toll-free Fax: 877-FAXX-VFC (877-329-9832)

Identifying Information	PROVIDER ID NUMBER
NAME OF HEALTH DEPARTMENT OR OTHER PUBLIC CLINIC	DATE OF REQUEST
DAYS AND TIMES FOR DELIVERY *(Please check one or more)* ☐ Mon. (TIMES:_____) ☐ Tue. (TIMES:_____) ☐ Wed. (TIMES:_____) ☐ Thu. (TIMES:_____) ☐ Fri. (TIMES:_____)	
STREET (DELIVERY ADDRESS)	☐ CHECK HERE IF THIS IS A NEW ADDRESS.
CITY	ZIP CODE
CONTACT PERSON / TITLE	
TELEPHONE ( ) / FAX ( )	
NAME OF HEALTH DEPARTMENT REPRESENTATIVE APPROVING REQUEST	DATE REQUEST APPROVED

VARIVAX® Vaccine Doses Requested	CURRENT INVENTORY doses	*Vaccines shipped in units of 10 doses (10 one-dose vials)*	NUMBER OF DOSES REQUESTED doses
ProQuad® Vaccine Doses Requested	CURRENT INVENTORY doses	*Vaccines shipped in units of 10 doses (10 one-dose vials)*	NUMBER OF DOSES REQUESTED doses

Notes:

1. *Merck will ship a maximum of 80 doses (i.e., 80 one-dose vials) of VARIVAX® and or ProQuad® in each 12"X12"X14" shipping container. Local health departments that order more than 80 doses of VARIVAX® and or ProQuad® will receive multiple 12"X12"X14" shipping containers. The diluent for the vaccine is in the top compartment of each shipping container, where it will not freeze.*

2. *To ensure receipt of a fully potent vaccine, the Immunization Branch will have Merck ship VARIVAX® and or ProQuad® with dry ice directly to the clinic ordering the VARIVAX® and or ProQuad® vaccine.*

3. *Clinics should order no more than once every two (2) months (i.e., no more than six times per year) and place vaccine orders with sufficient stock on-hand to allow at least 30 days for delivery. (It should not take 30 days to deliver vaccines; however, this will prevent clinics from running out of vaccine if there are delays filling their orders.)*

White Copy (Original): Immunization Branch–VFC Program *Yellow Copy: Immunization Coordinator* *Pink Copy: Clinic*