

## Order Volume Justification Form

Providers must complete this form when:

- Ordering more than 5x the allowable vaccine volume for any reason. (*5 x doses administered - Inventory*)

This form must be submitted to and approved by the Immunization Unit before the order can be processed.

\*Please **TYPE** into this form and email it to [wdh-vfcreporting@wyo.gov](mailto:wdh-vfcreporting@wyo.gov) or fax to 307-777-2913.

<b>PIN:</b>	<b>Facility Name:</b>
<b>Date:</b>	<b>Completed by:</b>

Vaccine	Doses	Justification
DTaP - IPV		Sports Clinic:
HPV		School Clinic:
Hepatitis A Ped		Adolescent Clinic:
MMR		Other:
MMRV		Other:
Meningococcal		<b>Clinic Details</b> <i>(if applicable)</i>  Date(s):  Location(s):
Tdap		
Varicella		
Other:		
Other:		
Other:		

### ACTION PLAN

**What data or resources were used to determine your vaccine order volume?**

**How do you intend to use any remaining vaccine to prevent wastage?**

**Additional Notes/Justification.**

### ACKNOWLEDGEMENT

I understand that we are responsible for any unused vaccine, which may be subject to the Vaccine Replacement Policy outlined in the Provider Agreement.

**Signature of Person  
Completing this Form:**

**Title:**

**Phone:**

**County Nurse Manager Signature:**  
*(PHN Offices only)*

**Additional Signatory and Title:**