

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.pvpreporting@wyo.gov or fax to 307-777-2913.

PIN:	Facility Name:
Date:	Completed by:

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

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: