

TDAP FOR PREGNANT WOMEN VACCINE REQUEST FORM

LOS ANGELES COUNTY IMMUNIZATION PROGRAM (LACIP) – STATE GENERAL FUND

LACIP CUSTOMER SUPPORT SERVICES

- Call 323-869-8080 if you have questions
- Email completed forms to: LACIPInfo@ph.lacounty.gov
- Fax completed forms to: 213-365-9108

PRINT CLEARLY – COMPLETE ALL SECTIONS OF FORM DATE _____ VFC PIN _____ (optional)

FACILITY NAME _____

DELIVERY ADDRESS _____ CITY _____ ZIP _____


CONTACT _____ EMAIL _____ PHONE _____

DELIVERY HOURS/DAYS _____ LUNCH HOURS _____

STORAGE UNITS:

- FRIDGE TEMP: _____ F° or C° **Refrigerated vaccines must be stored between 35° and 46° F (2° to 8° C)**
- FRIDGE TYPE: Sand Alone Pharmacy Household Combo Other _____

VACCINE ORDERING:

Doses Requested	Product	Packaging	Manufacturer
1	 ADACEL® Tdap (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis)	Single dose vial – 10 pack	Sanofi Pasteur

Accountability System

- Usage and Inventory submitted in CAIR, CAIR ID: _____
- Usage and Inventory tracked in EHR/EMR – **attach usage report if re-order.**
- Usage and Inventory tracked using hard copy log – **attach usage report if re-order.**

NOTE: Usage and inventory must be reported to receive additional doses of vaccine.

VACCINE ELIGIBILITY:

- Non-profit agency
- Pregnant Women
- Post-partum Women
- Close Contacts of NICU Babies

CDPH State-purchased Tdap Vaccine for Pregnant Women

The California Department of Public Health (CDPH), Immunization Branch purchased doses of Tdap vaccine for local health departments and their eligible partners. These doses are State General Fund (SGF) purchased with a prioritization towards pregnant women who have not been immunized yet during their pregnancy.

The Los Angeles County Immunization Program (LACIP) is making these doses available to our non-profit community partners that meet the requirements below. **For-profit health care providers do not qualify for receipt of state-purchased vaccine.**

If you are interested in participating and meet the patient eligibility and site requirements, plus submit the **Agreement for State-purchased Tdap Vaccine** and the **Tdap Vaccine Order form** to LACIP Customer Support Services Unit at LACIPInfo@ph.lacounty.gov or fax to 213-365-9108.

Eligible Patient Criteria

- Pregnant women
- Post-partum women
- Close contact of NICU babies

Eligible Sites and General Requirements

- VFC PIN
- Non-profit Health Care Agency
- Protocol for immunizing pregnant women
- On-site clinical staff experienced in administering vaccine to adults
- Plan for integration of vaccine into existing services
- Acceptable refrigeration only units for the storage of vaccine that meets the Immunization Branch Vaccine Storage Equipment Requirement and agreement to store, handle, and administer vaccine according to CDPH Immunization Branch guidelines.
- Agreement to report the number of Tdap administered and current vaccine inventory to the Branch using CAIR, EMR, or paper report form.

Agreement on Use of CDHP State-purchased Tdap Vaccine

VFC PIN: _____

Date: _____

Facility Name: _____

1. Our clinic is a non-profit agency:
 Federally Qualified Health Center (FQHC)
 Look-alike FQHC
 State Licensed Community Health Center (CHC)
2. Our clinic meets the eligibility requirements listed above and would like State-purchased Tdap vaccine to reach the following target populations:
 Protocol for immunizing pregnant women
 Staff with experience immunizing adults
 Plan for integration of Tdap into existing services (women's and adult clinics)
3. Our clinic agrees to follow CDPH Immunization Branch standards for storage and handling of vaccine. Information on storage and handling may be found at www.eziz.org.
4. Our clinic agrees to account for all Tdap doses given and provide current inventory using one of the following methods:
 California Immunization Registry (CAIR):
 - CAIR ID _____ EMR reporting
 Paper report form
5. Our clinic will retain a record of each Tdap vaccine given that includes the manufacturer and the lot number used.
6. Our clinic understand that if we do not account for all doses of SGF Tdap we will not receive any additional doses.
7. Our clinic will not charge for the vaccine itself, and no one vaccinated will be charged a vaccine administration fee over \$2.00. (The clinic can bill the vaccine recipient's insurer or Medicare-Part B, if applicable, for an administration fee.)
8. Our clinic will provide each person receiving Tdap vaccine a copy of the Vaccine Information Statement (VIS). VIS are available for download in multiple languages at www.immunize.org/vis.
9. Our clinic agrees to promptly report to LACIP any adverse health events requiring medical attention associated with SGF-purchased vaccines that occur within four weeks of administration.
10. Our clinic agrees to indemnify the County of Los Angeles from any harm that may result from the administration of SGF-purchased vaccines supplied through the County.

Signature: _____
(Physician, Director, or Medical Representative)