

# 317 VACCINE FOR OUTBREAK RESPONSE - REQUEST FORM

LOS ANGELES COUNTY IMMUNIZATION PROGRAM (LACIP)

**SUBMIT COMPLETED REQUEST TO:**

- Email completed forms to: LACIPInfo@ph.lacounty.gov
- Fax completed forms to: 213-351-2780
- For questions call: 213-351-7800

**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: \_\_\_\_\_

Target Audience: (Required) \_\_\_\_\_

**Is this an outreach event or for clinic use:**     Outreach event     Clinic Use


Location of outreach event: \_\_\_\_\_

Community Partners Working with: \_\_\_\_\_

Date of Event: \_\_\_\_\_

**STORAGE UNITS:**

- Refrigerated vaccines must be stored between 36° and 46° F (2° to 8° C)
- Refrigerator Type:     Stand Alone (refrigerator-only unit)     Pharmacy     Other \_\_\_\_\_
- Temperature Monitoring Device:     Data Logger     MIN/MAX Digital Thermometer     Other \_\_\_\_\_

Doses Requested	Product	Packaging	Manufacturer
	 <b>HEPATITIS A HAVRIX</b>	<b>10 pack</b> – 0.5 mL single-dose syringe	GlaxoSmithKline (GSK)

- **NOTE:**
  - If you are requesting additional doses, accountability for the original request must be provided before additional requests will be filled.