



## Urgent case contacts vaccine order approval form

**FOR PUBLIC HEALTH UNIT AND COMMUNICABLE DISEASE CONTROL DIRECTORATE USE ONLY**

### Process for ordering:

When vaccine product/stock is not available at premises, use this form to send out an urgent order (or to replenish stock). All urgent orders require a follow up call:

1. During office hours (Mon-Fri 6.30am-4.00pm):

Email form to [customerservice@onelink.com.au](mailto:customerservice@onelink.com.au), Cc [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au) and call **1800 014 207**.

2. Outside office hours:

Email form to [priority@onelink.com.au](mailto:priority@onelink.com.au), Cc [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au) and call **0459 398 111** to confirm order.

### Immunisation provider contact details

Practice/hospital name \_\_\_\_\_ Vaccine Ordering Account No. \_\_\_\_\_

Delivery address \_\_\_\_\_ Post Code \_\_\_\_\_

Attending doctor's name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

DISEASE and PRODUCT	QUANTITY
MEN ACWY Nimenrix (RW0533)	Dose(s)
MMR Priorix (RW0523)	Dose(s)
HEP A – PAED Vaqta (RW0688)	Dose(s)
HEP A – ADULT Havrix (RW0674)	Dose(s)
OTHER VACCINE	Dose(s)
OTHER VACCINE	Dose(s)

#### Delivery required (tick box)

Urgent  Date \_\_\_\_\_  
 Time \_\_\_\_\_ am pm

COB next business day

### I hereby authorise the supply of the above quantities of vaccine to the provider named above:

Patient's initials and DOB \_\_\_\_\_

WANIDD number WA- \_\_\_\_\_

Only required for Hep A Adult where known

Authorising name (PHU or CDCD) \_\_\_\_\_

PHU Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

CDCD

Please remember to call the Onelink contact number above to confirm urgent order