



Urgent case contacts vaccine order approval form (for public health use only)

THIS FORM IS FOR PUBLIC HEALTH UNIT AND COMMUNICABLE DISEASE CONTROL DIRECTORATE USE ONLY. CONTACT DETAILS FOR PUBLIC HEALTH UNIT CAN BE FOUND [HERE](#)

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. If the order is being placed after office hours and the delivery is also required after hours: Email this form to priority@onelink.com.au and copy vaccineorders@health.wa.gov.au Call 0459 398 111 to confirm order.
2. For all other ordering/delivery timeframes, email this form to customerservice@onelink.com.au and copy vaccineorders@health.wa.gov.au Call 1800 014 207 during office hours 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