## WASHINGTON STATE Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

## **First Vaccine Order for New Providers**

As a newly enrolled provider in the Childhood Vaccine Program this Quick Reference Guide will assist you in placing your first vaccine order. In addition you will be assigned an ordering schedule called Economic Order Quantity (EOQ) for future orders. All enrolled providers are now set to monthly ordering and a specific order timing during the month. For example: your clinic may be set to order either the 1-15<sup>th</sup> of the month or the  $16^{th} - 30^{th}$  of the month. Your EOQ will be located on the vaccine order screen within the Immunization Information System (IIS).

## How do I place my first Childhood Vaccine Program order?

- 1. Login to the IIS.
- 2. Using the navigation menu, click on **Orders/Transfers** and **Create/View Orders** to show the current orders and transfers list.
- 3. Click on **Create Order** at the bottom of the screen.



- 4. Review your **vaccine delivery information** (delivery address, contact information and delivery details). If your address is incorrect, contact the state immediately and do not proceed with the order. If your clinic's information has changed, update the details.
  - ✓ Instructions: Should not be used to convey provider hours of operation or critical delivery address instructions.
- 5. If you have more than one Order Set available select the desired **Order Set** from the drop down menu. Much of the information will be prepopulated based on your facility details.

|   | Create Order   |                        |                             |                                  |               |                     |          |  |  |  |
|---|--|------------------------|-----------------------------|----------------------------------|---------------|---------------------|----------|--|--|--|
| Manaima   | Organization (IRMS   | S): KATY'S ORG         |                             |                                  | First Name:   | SALLY               |          |  |  |  |
| Vaccine   | Facility: KATY'S F   | ACILITY                |                             |                                  | Middle Name:  |                     |          |  |  |  |
| Delivery 🔫  | Phone Number:  |                        |                             |                                  | Last Name:    | SAL                 |          |  |  |  |
| -   | Phone Extension:   |                        |                             |                                  | Address:      | 12 GREEN            |          |  |  |  |
| Information   | Email:   |                        |                             |                                  | City:         | OLYMPIA             |          |  |  |  |
|   |  |                        |                             |                                  | State:        | WA                  |          |  |  |  |
|   |  |                        |                             |                                  | Zip:          | 98501               |          |  |  |  |
|   | Monday:  | ✓ 09:00 ∨              | / 17:0                      | 0 🗸                              | Tuesday:      | ✓ 09:00 ✓           | 17:00 🗸  |  |  |  |
|   | Wednesday:   | ✓ 09:00 ∨              | 17:0                        | 0 🖌                              | Thursday:     | ✓ 09:00 ∨           | 17:00 🗸  |  |  |  |
|   | Friday:  | 09:00                  | 17:0                        | 0 ~ 0                            | -             |                     |          |  |  |  |
|   | PIN: 989999  |                        |                             |                                  | Instructions: |                     |          |  |  |  |
|   |  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Submitter: BECKY MITCHELL (BMITCHELL)  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Comments:  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Inventory Last Submitted: 08/14/2018<br>Vaccine Administered Report Last Submitted: 08/14/2018<br>Last Order Submitted: 08/22/2018 12:37:53 PM |                        |                             |                                  |               |                     |          |  |  |  |
|   |  |                        |                             |                                  |               |                     |          |  |  |  |
|   |  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Order Set: STATE SUPPLIED 999 / Distributor  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Inventory transaction Report Lot Number Summary Edit Temperature Doses Administered Report   |                        |                             |                                  |               |                     |          |  |  |  |
| Order Frequency: Every Two Months Order Timing: 1st to 15th |  |                        |                             |                                  |               |                     |          |  |  |  |
| EOQ 🤝   | Order Schedule: Ja   | anuary, March, May, Ju | ly, September, No           | vember                           |               |                     |          |  |  |  |
|   |  |                        |                             |                                  |               |                     |          |  |  |  |
|   | Vaccine  | Vaccine Name           | Funding Dose<br>Source Last | e Used Physica<br>Month Inventor |               | ent Priority Reason | Comments |  |  |  |
|   | DT (nediatric) TF  | PHTHERIA AND           | SPLIT                       |                                  |               |                     |          |  |  |  |

- 6. Place zeros in the **Dose Used Last Month** and **Physical Inventory** columns, because no doses were administered or received from the program by your facility yet. Unless you have the auto-population functionality, the numbers will pre-populate as zeros.
- 7. Calculate your **Order Quantity**. Your Order Quantity is required for all vaccines you want to order.
  - ✓ You may not know how many doses you will need to order at first. Base your order quantity determination on the population you see and the number of vaccines you will administer for your assigned ordering frequency. If you do not order enough, you may place another order.
  - ✓ For your next vaccine orders, you will want to factor in your usage for one month and apply the Recommended Order Quantity calculator.
  - Td and PPSV23 are available for ordering in single dose quantities in the Immunization Information System for the Childhood Vaccine Program.
    Because of the limited use of these vaccines please order a dose or doses for your patients only when needed. It is not required for your facility to have these vaccines routinely on hand.

| Order Frequency: M<br>Order Schedule: | Nonthly Order Timing: | 1st to 15         | th                         |                       |                   |                                |
|---------------------------------------|-----------------------|-------------------|----------------------------|-----------------------|-------------------|--------------------------------|
| Order Details<br>Vaccine              | Vaccine Name          | Funding<br>Source | Dose<br>Used Last<br>Month | Physical<br>Inventory | Order<br>Quantity | Total doses you are requesting |
| DTaP                                  |                       | SPLIT             | 0                          | 0                     | 10                | to order                       |
| DTaP-Hep B-IPV                        |                       | SPLIT             | 0                          | 0                     | 10                |                                |
| DTaP-Hib-IPV                          |                       | SPLIT             | 0                          | 0                     | 10                |                                |
| DTaP-IPV                              |                       | SPLIT             | 0                          | 0                     | 10                |                                |

- 8. After entering in your Order Quantity, double check your entries.
- 9. Vaccine Orders should *not* be marked as Urgent except during an outbreak.
- 10. Click the **Submit Order** button on the bottom right to submit the order for review and approval. You can track the order status in the **Create/View Order** screen.
- 11. Take a look at our <u>Vaccine Ordering and Receiving Guide</u> to be prepared when you receive your vaccine delivery and for your next vaccine order. The Vaccine Ordering and Receiving Guide located on the Department of Health <u>IIS Training Materials Portal</u> will explain how to add the vaccines into the system.

For questions, contact the IIS Help Desk at 1-800-325-5599 or WAIISHelpDesk@doh.wa.gov.