

Influenza Product Reservation Modification Request Form

SSV Pin: _____ Practice Name: _____

Submitted by: _____ Date: _____

Form must be completed on your computer for calculation accuracy. Please do not submit a hand-written copy.

Instructions: All three sections must be fully completed for the request to be processed.

Section 1: Enter the number of vaccine doses for each age group that currently appears on the practice's Flu Reserve Page.

Section 2: Enter the new number of doses for each age group requested for the season. Vaccines must be requested in **multiples of 10 dose increments**. Blank fields will be interpreted as zero quantity requested.

Section 3: Explain in detail why you are requesting the change. Email the completed form to your **Immunization Representative**.

1. The practice's Reserve Page currently displays the number of doses listed below for each age group:

| 6 mos - 18 yrs | 2-18 yrs Mist | 19+ yrs | 65+ yrs | <u>Total</u> |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Please adjust my influenza product reservation to the following for each age group:

| 6 mos - 18 yrs | 2-18 yrs Mist | 19+ yrs | 65+ yrs | <u>Total</u> |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Detailed reason for requested modification:

----- RIDOH Use Only below this line -----

Signature of Immunization Representative after review and approval:

IR Approval:

Date Approved:

Signature of individual that updated Reserve page:

Updated by:

Date Updated: