

2015-2016 DoD Seasonal Influenza Ordering Form

Please round up to the nearest 10 when listing number of doses needed

Please request doses for multiple age categories – do not request one age category only.

Age Category	Vaccine	Preservative Content	Number of Doses Round up to nearest 10
6 through 35 months	Prefilled Syringe	Thimerosal Free	
36 months through 8 years	Prefilled Syringe	Thimerosal Free	
	Multi-Dose Vial		
9 years and older	Prefilled Syringe	Thimerosal Free	
	Multi-Dose Vial		
18 years and older	Prefilled Syringe	Thimerosal Free	
	Multi-Dose Vial		
2 through 49 years	Prefilled Nasal Sprayer	Thimerosal Free	
Total Requirement for 2015-2016			