

ANTHRAX Vaccine Ordering Form

1) Quantity Requested:

Convert to vials (10 doses per vial)

2) Required Delivery Day:

(Allow Ten Business Days. Use Julian Dates)

3) Ordering Requirements (120 Day Projection)

Immunization 1 and 2 (Doses):

Immunization 3 (Doses):

Immunization 4 (Doses):

Immunization 5 (Doses):

Annual Booster (Doses):

Total (Doses):

Personnel Deploying into High Threat Area (HTA):

Branch of Service:

4a) Unopened Vials on hand:

Lot Number:

Expiration Date:

4b) Unopened Vials on hand:

Lot Number:

Expiration Date:

5) Requestors Name:

Requestors Phone Number (COM):

Requestors Phone Number (DSN):

Email Address:

Requestors Fax Number (COM):

Fax Number (DSN):

6) SHIP TO INFORMATION:

Command/Unit Name:

Street:

City:

State/Country:

Zip Code:

7a) SHIPMENT POC INFORMATION

Primary Shipment POC:

POC Phone Number (COM):

POC Phone Number (DSN):

POC Email Address:

7b) SHIPMENT POC INFORMATION

Alternate Shipment POC:

POC Phone Number (COM):

POC Phone Number (DSN):

POC Email Address:

8) Comments/Justification: *(Ensure that you provide a valid justification for short turn around request less than 5 business/shipping days of submission)*