

# SMALLPOX Vaccine Ordering Form

## 1) Quantity Requested:

*Convert to vials (100 doses per vial)*

## 2) Required Delivery Day:

*(Allow Ten Business Days. Use Julian Dates)*

Branch of Service:

## 3) Ordering Requirements (60 DAY PROJECTION)

Total (Doses):

**Personnel Deploying into High Threat Area (HTA):**

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):

UIC:

## 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)*