

 <small>Heilthseamacht na Seirbhíse Síde Health Service Executive</small>	HSE National Cold Chain Delivery Service	HSE Vaccine Order Form
	United Drug House, Magna Business Park, Citywest Road, Dublin 24. Registered in Ireland as United Drug plc. Company No. 12244	

PLEASE COMPLETE IN FULL Account Name: _____ Practice Name: _____ Address: _____ _____ _____ Tel: _____ Fax: _____ Email: _____	Customer Service Team HSE National Cold Chain Service United Drug House Magna Drive Magna Business Park Citywest Road Dublin 24 Tel: +353 (1) 4637770 Fax: +353 (1) 4637788 Email: vaccines@udd.ie
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Vaccine Order Form

Vaccines	Account number	Account Number	Account Number
	Quantity (Doses)	Quantity (Doses)	Quantity (Doses)
BCG			
Tuberculin			
4 in 1 (DTaP/IPV)			
MMR			
HPV vaccine (Gardasil)			
dTap (Boostrix)			
Low dose Diphtheria/Tetanus (Td)			
dTap/IPV (IPV Boostrix)			
6 in 1 (DTaP/IPV/HIB/Hep B)			
Meningococcal C (Men C)			
Pneumococcal Conjugate Vaccine (PCV)			
Hib (Haemophilus Influenza Type B)			
Hepatitis B Adult			
Hepatitis B Paediatric			
Hepatitis A Adult			
Hepatitis A Paediatric			
Twinrix Adult			
Twinrix Paediatric			
Influenza Vaccine			
Pneumococcal Polysaccharide Vaccine (PPV)			

PLEASE ADVISE ANY CHANGE TO CONTACT DETAILS

Order placed by (Print Name) _____

Signature: _____ Date: _____

Please Fax your Completed Order Form to: 01 463 7788