

 Heilmeasachta na Seirbhíse Sláinte Health Service Executive	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	

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

Vaccines	Account Number	Account Number	Account Number
	Order Quantity Doses	Order Quantity Doses	Order Quantity Doses
BCG			
Tuberculin			
6 in 1 (DTaP/IPV/HIB/Hep B)			
5 in 1 (DTaP/IPV/HIB)			
Meningococcal C (Men C)			
Pneumococcal Conjugate Vaccine (PCV Paediatric)			
MMR			
Hib (Haemophilus Influenza Type B)			
4 in 1 (DTaP/IPV)			
Low dose Diphtheria/Tetanus (Td) (licensed for use in those over 5 years)			
Influenza Vaccine			
Pneumococcal Polysaccharide Vaccine (PPV)			
Hepatitis B Adult			
Hepatitis B Paediatric			

PLEASE ADVISE ANY CHANGE TO CONTACT DETAILS

Order placed by (Print Name) _____

Signature: _____ Date: _____

Please Fax your Completed Order Form to: 01 463 7788