



**Iowa Department of Public Health  
Vaccines for Children Program  
Monthly Doses Administered Report  
Private Provider**

Month/Year: \_\_\_\_\_ VFC PIN: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Vaccine	NDC	Doses Administered
DTaP (Daptacel vials)	49281-0286-10	
DTaP (Infanrix vials)	58160-0810-11	
DTaP (Infanrix syringes)	58160-0810-52	
DTaP/Hep B/IPV (PEDIARIX syringes)	58160-0811-52	
DTaP/IPV/ActHIB (Pentacel vials)	49281-0510-05	
DTaP/IPV (KINRIX vials)	58160-0812-11	
DTaP/IPV (KINRIX syringes)	58160-0812-52	
DTaP/IPV (Quadracel vials)	49281-0562-10	
DT (pediatric vials) through 6 years of age	49281-0225-10	
Td (vials) 7 years of age & older	13533-0131-01	
Td (Tenivac syringes) 7 years of age & older	49281-0215-15	
Td (Tenivac vial 1 pk) 7 years of age & older	49281-0215-10	
Tdap (Adacel vials)	49281-0400-10	
Tdap (Adacel syringes)	49281-0400-15	
Tdap (Boostrix vials)	58160-0842-11	
Tdap (Boostrix syringes)	58160-0842-52	
Hepatitis A (Havrix vials)	58160-0825-11	
Hepatitis A (Havrix syringes)	58160-0825-52	
Hepatitis A (Vaqta vials)	00006-4831-41	
Hepatitis B (Engerix B syringes)	58160-0820-52	
Hepatitis B (Recombivax HB vials)	00006-4981-00	
Hib (ActHIB vials)	49281-0545-03	
Hib (PedvaxHIB vials)	00006-4897-00	
Hib (Hiberix vials)	58160-0818-11	
HPV (GARDASIL 9 vials)	00006-4119-03	
MMR (vials)	00006-4681-00	
MMRV (ProQuad vials)	00006-4171-00	
Meningococcal Conjugate (Menactra vials)	49281-0589-05	
Meningococcal Conjugate (Menveo vials)	58160-0955-09	
Meningococcal Conjugate B (Bexsero syringes) 1 pk	58160-0976-06	
Meningococcal B (Bexsero syringes) 10 pk	58160-0976-20	
Meningococcal Conjugate B (Trumenba syringes)	00005-0100-10	
Polio (multi-dose vials)	49281-0860-10	
Pneumococcal Conjugate (Prevnar 13 syringes)	00005-1971-02	
Pneumococcal Polysaccharide (PPV23 vials)	00006-4943-00	
Rotavirus (RotaTeq tubes)	00006-4047-41	
Rotavirus (Rotarix vials)	58160-0854-52	
Varicella (Varivax vials)	00006-4827-00	

See page 2 for influenza vaccines

**Please fax your doses administered report to: 1-800-831-6292**

If you have questions regarding the Vaccines for Children Program call 1-800-831-6293, ext 4.

Vaccine	NDC	Doses Administered
Influenza (Fluzone-Quad multi-dose vials)	49281-0627-15 49281-0396-15	
Influenza (Fluzone-Quad 0.25 mL syringes)	49281-0517-25 49281-0516-25 49281-0515-25	
Influenza (Fluzone-Quad 0.5 mL syringes)	49281-0417-50 49281-0416-50 49281-0415-50	
Influenza (Fluzone-Quad 0.5 mL single dose vials)	49281-0417-10 49281-0416-10 49281-0415-10	
Influenza (Fluarix Quad 0.5 mL syringes)	58160-0907-52 58160-0905-52 58160-0903-52	
Influenza (FluLaval-Quad multi-dose vial)	19515-0896-11 19515-0898-11 19515-0903-11	
Influenza (FluLaval Quad 0.5 syringes)	19515-0912-52	
Influenza (Flucelvax Quad syringes)	70461-0201-01 70461-0200-01	

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## INSTRUCTIONS

Month/Year, type or print the month and year the vaccines were administered.

VFC PIN, type or print the VFC provider identification number (PIN) assigned to the clinic or practice. The PIN will be assigned to enrolling physicians after enrollment forms are processed by the Immunization Program.

Facility Name, type or print the name of the practice or provider group.

Contact Person, type or print the name of the VFC contact person.

County, type or print the county where the clinic is located.

Telephone, type or print the phone number of the VFC contact person.

Fax, type or print the clinic or practice fax number.

Doses Administered, type or print the number of doses of VFC vaccine administered monthly by the clinic for children who are Medicaid-eligible, uninsured, American Indian/Alaskan Native.

This form can be found on the Iowa Department of Public Health web site at:

<http://idph.iowa.gov/immmtb/immunization/vfc>