

# VIMS: Order Request

## Flu Only

- Practice Inventory
- Requests
  - Transfer
  - Adjust
  - Reconcile
  - Order**
- View History
- Reports

Flu-only orders provide a faster process to keep up with the demands presented during flu season. Before placing the first flu vaccine only order, practices must reconcile all their vaccines. For all subsequent flu-only orders, practices need to only reconcile their flu inventory.

**A flu only reconciliation must be submitted within 48 hours before a flu only order is placed.** If a reconcile request is not completed in that timeframe, the system will display a reminder. Vaccines cannot be ordered until the reconciliation is submitted.

Order for Practice

- Practice Inventory
- Requests
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New Order for \_\_\_\_\_

Create All Vaccine Order **1**

Create FLU-only Order **2**

Select **Order** from the left menu. Two options will appear: All Vaccine Order or Flu-Only Order. By selecting the Flu-Only Order, VIMS will display a new Order Request form unless a draft was saved, but not submitted previously.

In the Order Request heading section, you are required to answer yes or no in the following fields:

- **Shipping Info Changes?**
- **Delivery Hours Changes?**
- **Vaccine Coordinator Changes to Info?**

You can provide change details in the **Practice Comments** field or contact the Immunization Program.

Order Vaccines

Request Status	Practice Gardens Grow People	Created Date 8/1/2017 1:46 PM	<b>Last Order Date</b> 6/23/2017 7:02 AM
User Name julie.maslack	PIN 20345	Submitted Date	<b>Last Recon Date</b> 8/1/2017 1:18 PM
IZ Approved Date	IZ Hold Date		
IZ Approved	IZ Hold		

  

<p><b>Shipping Info</b> <span style="float: right;">Changes? <input type="checkbox"/></span></p> <p>Street One 16 Jameson Avenue</p> <p>Street Two</p> <p>City Essex</p> <p>State VT</p> <p>Zip 05452</p>	<p><b>Vaccine Coordinator</b></p> <p>Vaccine Coordinator Dauphine Daisy</p> <p>Email Address daisy@gardensgrow.org</p> <p>Backup Vax Coordinator Lily Liatris</p> <p>Email Address liatris@gardensgrow.org</p>
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<p><b>Delivery Hours</b> <span style="float: right;">Changes? <input type="checkbox"/></span></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Day</th> <th>From</th> <th>To</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>10:00</td> <td>12:00</td> <td>00:00</td> <td>00:00</td> </tr> <tr> <td>Tuesday</td> <td>10:00</td> <td>12:00</td> <td>00:00</td> <td>00:00</td> </tr> <tr> <td>Wednesday</td> <td>00:00</td> <td>00:00</td> <td>13:00</td> <td>15:00</td> </tr> <tr> <td>Thursday</td> <td>09:00</td> <td>15:00</td> <td>00:00</td> <td>00:00</td> </tr> <tr> <td>Friday</td> <td>10:00</td> <td>12:00</td> <td>00:00</td> <td>00:00</td> </tr> </tbody> </table>	Day	From	To	From	To	Monday	10:00	12:00	00:00	00:00	Tuesday	10:00	12:00	00:00	00:00	Wednesday	00:00	00:00	13:00	15:00	Thursday	09:00	15:00	00:00	00:00	Friday	10:00	12:00	00:00	00:00	<p><b>Comments</b></p> <p>Practice Comments</p> <p>IZ Comments <b>Order Schedule</b></p> <p>Comments should include changes in delivery or contact information as well as reasons for exceptions to quantities, schedules, etc.</p> <p>Order Schedule bimonthly: Jan, Mar, May, Jul, Sep, Nov days 1-15</p>
Day	From	To	From	To																											
Monday	10:00	12:00	00:00	00:00																											
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Moving down the page, enter desired quantities, including zero, for each line in the **Order # Doses**. Express your request in number of doses rather than packages. For example, if you want to order 1 box containing 10 single dose vials, request 10 doses. Once all order quantities and required heading fields are complete, select **Submit Order** for review and approval by the Immunization Program.

The **Order Increment** value is the number of vials in one package. Please order in multiples of the order increment, so packages do not have to be split up (i.e. If the order increment is 10, order 20 or 30, not 25).

Line	Vaccine	Brand	NDC	PED/ADU	Packaging	# Doses on Hand	# Other Doses on Hand	# Doses Weekly	Order Increment	Order # Doses	Appd # Doses	Cost	Total
1	FLU AD	Afluria	33332-0420-10	ADU	1 pack - 1 vial	0	0	0	10			\$1,522,000	\$0.000
2	FLU AD	Fluarix	58160-0885-52	ADU	1 pack - 1 dose syringe	100	0	0	10			\$12,450	\$0.000
3	FLU AD	Flucelvax	70461-0420-10	ADU	10 pack - 1 dose syringe	0	0	0	10			\$12,000	\$0.000