## **VIMS: ORDER REQUESTS**

## **NUTS AND BOLTS**

n Order Request includes delivery-related fields and a list of all vaccines in your practice's ordering catalog. The composition of the catalog is informed by the population(s) you serve; your ability to store frozen vaccine, and the annual Vaccine Brand Choice survey.

An Order Request will <u>not</u> open unless a Reconcile Request has been submitted for your practice within the last seven days.

## REQUIRED FIELDS

- Shipping Info
- Delivery Hours
- Vaccine Coordinator
  - ☐ Email Address
- ☐ Backup Vax Coordinator
  - Email Address

**Practice Inventory** 

Requests

Transfer

**Adjust** 

Reconcile

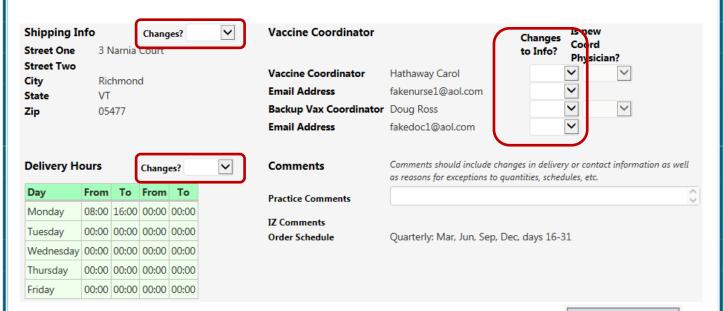
Order

**View History** 

Reports

In the Order Request header, you are required to answer yes or no in the drop down next to each of these fields. Answer "yes" if the information has changed. Answer "No" if there are no updates. You can provide change details in the **Practice Comments** field or contact the Immunization Program.

Order # Doses - You must enter a value on every line in this column. Express your request in number of doses rather than number of boxes. For any vaccines you do not wish to order, enter "0" in this column.



Once you have filled in all of the required fields, place your order by clicking

Submit Order

Phone: 800-640-4374

Email: AHS. VDHImmunization Program@vermont.gov

Website: www.healthvermont.gov

