

VIMS: ORDER REQUESTS

NUTS AND BOLTS

An 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 not open unless a Reconcile Request has been submitted for your practice within the last seven days.

Practice Inventory
Requests
Transfer
Adjust
Reconcile
Order
View History
Reports

REQUIRED FIELDS

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



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.

| Shipping Info Street One 3 Narnia Court Street Two City Richmond State VT Zip 05477 | Changes? <input type="checkbox"/> <input type="checkbox"/> | Vaccine Coordinator Vaccine Coordinator Hathaway Carol Email Address fakenurse1@aol.com Backup Vax Coordinator Doug Ross Email Address fakedoc1@aol.com | Changes to Info? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is new Coord Physician? <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------|----|--------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-----------|-------|-------|-------|-------|----------|-------|-------|-------|-------|--------|-------|-------|-------|-------|--|---|---|
| Delivery Hours <table border="1"><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>08:00</td><td>16:00</td><td>00:00</td><td>00:00</td></tr><tr><td>Tuesday</td><td>00:00</td><td>00:00</td><td>00:00</td><td>00:00</td></tr><tr><td>Wednesday</td><td>00:00</td><td>00:00</td><td>00:00</td><td>00:00</td></tr><tr><td>Thursday</td><td>00:00</td><td>00:00</td><td>00:00</td><td>00:00</td></tr><tr><td>Friday</td><td>00:00</td><td>00:00</td><td>00:00</td><td>00:00</td></tr></tbody></table> | Day | From | To | From | To | Monday | 08:00 | 16:00 | 00:00 | 00:00 | Tuesday | 00:00 | 00:00 | 00:00 | 00:00 | Wednesday | 00:00 | 00:00 | 00:00 | 00:00 | Thursday | 00:00 | 00:00 | 00:00 | 00:00 | Friday | 00:00 | 00:00 | 00:00 | 00:00 | Changes? <input type="checkbox"/> <input type="checkbox"/> | Comments Practice Comments IZ Comments Order Schedule Quarterly: Mar, Jun, Sep, Dec, days 16-31 | Comments should include changes in delivery or contact information as well as reasons for exceptions to quantities, schedules, etc. <input type="text"/> <input type="text"/> |
| Day | From | To | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | 08:00 | 16:00 | 00:00 | 00:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Friday | 00:00 | 00:00 | 00:00 | 00:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Submit Order