

# VFC Influenza Order Training Module

A Step by Step Instruction Guide for Placing your  
2015-2016 Influenza Order in ASIIS



# Step 1: Under Orders/Transfers, click “Create/View Orders” on the left panel

Arizona Department of Health Services

Logged in: KELSEY PISTOTNIK VFC  
Organization (IRMS): TEST IRMS (10011)  
Date: August 24, 2015

**Patient Search** [Click here to use the 'advanced' search](#)

First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>

**Family and Address Information:**

Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="text"/>	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street: <input type="text"/>
City:	<input type="text"/>	State:	--select--
Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>

**Note:** When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

Check here if adding a new patient.

Clear Reset Search

Version: 5.12.11.4

## Step 2: From the “Create/View Orders” screen, Click on “Create Order”

Arizona Department of Health Services

Logged in: KELSEY PISTOTNIK VFC

Organization (IRMS): TEST IRMS (10011) Date: August 24, 2015

**Main**

- Home
- Logout
- Select Organization (IRMS)
- Select Facility
- Select VFC Pin
- Document Center
- MyIR

**Message**

**Favorites**

**Patient**

**Vaccinations**

**Exec. Dashboard**

**Organization (IRMS)**

**Facilities**

**Physicians & Vaccinators**

**Lot Numbers**

**Orders/Transfers**

- Alerts
- Create/View Orders
- Search History
- Modify Order Set
- Cold Storage

**Current Order/Transfer List**

**Inbound Orders**

Select	Order Number	PIN	Submit Date	Approval Date	Status
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**Backordered Orders**

Select	Order Number	PIN	Submit Date	Backorder Date
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**Denied Orders**

Select	Order Number	PIN	Submit Date	Denial Date
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**Inbound Transfers**

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility
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**Outbound Transfers**

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility
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**Rejected Transfers**

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status
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**Create Order** **Create Transfer**

**Step 3:** ASIIS may direct you to the “Reconciliation” Screen to reconcile your physical inventory before you can place your influenza or regular vaccine order. You will not see the order screen until you reconcile your inventory.

Reconcile Inventory										
Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
DTaP	2J534	09/13/2015	35		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP	C4751BA	06/09/2017	35		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPv	5XK44	12/11/2016	34		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPv	FF723	02/28/2016	10		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hib/IPv	C4658AA	09/21/2015	23		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hib/IPv	C4806AA	06/11/2016	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPv	2AG24	09/10/2017	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPv	9AB77	10/19/2015	3		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPv	ZB4G3	10/19/2015	41		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
HPV, quadrivalent	K004204	01/12/2017	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
HPV, quadrivalent	K006960	02/19/2017	18		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hep A 2 dose - Ped/Adol	9569K	06/12/2017	4		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hep A 2 dose - Ped/Adol	9CJ5Y	10/06/2017	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hep B - Ped/Adol - prev. free	KC2N2	06/27/2015	11		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hep B - Ped/Adol - prev. free	K29ZC	06/05/2017	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hib--PRP-T	UI180AAC	07/16/2016	25		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Hib--PRP-T	UI277AAA	05/24/2016	19		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
IPV	K1513-1	09/19/2016	6		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
MMR	J016235	12/19/2015	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
MMR/Varicella	K023363	05/20/2016	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
MMR/Varicella	L019995	12/02/2016	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Mening (MCV4P)	U4812AA	10/19/2015	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Mening (MCV4P)	U4986AA	06/26/2016	48		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Mening (MCV4P)	U5020CA	08/23/2016	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Pneumococcal (PPSV)	K007826	02/03/2016	10		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Pneumococcal, PCV-13	L13523	09/30/2016	45		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Td (Adult)	U4669AA	01/10/2016	6		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	9245B	04/02/2017	40		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	HP4XT	10/21/2016	29		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
MMR/Varicella	L002420	07/23/2016	20		0.0	--No Category Required	--No Reason Required--	N	<input type="checkbox"/>	+
Varicella	J012818	10/10/2015	46		0.0	--No Category Required	--No Reason Required--	N	<input type="checkbox"/>	+

Inventory Last Submitted: 08/12/2015

Legend	
<span style="background-color: #cccccc; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	Public Lots
<span style="background-color: #e0e0e0; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	Private Lots
<span style="background-color: #ff0000; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	Expired Vaccines
<span style="background-color: #ffff00; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	Expires in 30 days or less

Print    Reset    Save  
Submit Monthly Inventory



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**Step 4:** When you have reconciled your inventory (subtracted all of the doses that were wasted/spoiled/expired), click on the “Submit Monthly Inventory” button.

Reconcile Inventory											
Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row	
DTaP	2J534	09/13/2015	35		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP	C4751BA	06/09/2017	35		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/Hep B/IPv	5XK44	12/11/2016	34		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/Hep B/IPv	FF723	02/28/2016	10		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/Hib/IPv	C4658AA	09/21/2015	23		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/Hib/IPv	C4806AA	06/11/2016	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/IPv	2AG24	09/10/2017	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/IPv	9AB77	10/19/2015	3		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
DTaP/IPv	ZB4G3	10/19/2015	41		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
HPV, quadrivalent	K004204	01/12/2017	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
HPV, quadrivalent	K006960	02/19/2017	18		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hep A 2 dose - Ped/Adol	9559K	06/12/2017	4		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hep A 2 dose - Ped/Adol	9CJ5Y	10/06/2017	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hep B - Ped/Adol - prev. free	KC2N2	06/27/2015	11		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hep B - Ped/Adol - prev. free	K29ZC	06/05/2017	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hib--PRP-T	UI180AAC	07/16/2016	25		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Hib--PRP-T	UI277AAA	05/24/2016	19		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
IPV	K1513-1	09/19/2016	6		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
MMR	J016235	12/19/2015	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
MMR/Varicella	K023363	05/20/2016	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
MMR/Varicella	L019995	12/02/2016	20		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Mening (MCV4P)	U4812AA	10/19/2015	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Mening (MCV4P)	U4986AA	06/26/2016	48		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Mening (MCV4P)	U5020CA	08/23/2016	50		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Pneumococcal (PPSV)	K007826	02/03/2016	10		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Pneumococcal, PCV-13	L13523	09/30/2016	45		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Td (Adult)	U4669AA	01/10/2016	6		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Tdap	9245B	04/02/2017	40		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
Tdap	HP4XT	10/21/2016	29		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+	
MMR/Varicella	L002420	07/23/2016	20		0.0	--No Category Required	--No Reason Required--	N	<input type="checkbox"/>	+	
Varicella	J012818	10/10/2015	46		0.0	--No Category Required	--No Reason Required--	N	<input type="checkbox"/>	+	

Inventory Last Submitted: 08/12/2015

Legend	
<span style="background-color: #cccccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Public Lots
<span style="background-color: #e0e0e0; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Private Lots
<span style="background-color: #ff0000; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Expired Vaccines
<span style="background-color: #ffff00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Expires in 30 days or less



**Step 5:** On the “Create Order” screen, click on the drop down arrow next to “Order Set” and select “2015-2016 Flu”.

Note: To create regular VFC vaccine orders, select “VFC Providers – Non County” in the order set drop down menu.

**Create Order**

Organization (IRMS): 0000\_ADHS INTERNAL BEDCS USE  
Facility:  
Phone Number:  
Phone Extension:  
Email:

First Name:  
Middle Name:  
Last Name:  
Address: 25 TEST BLVD  
City: MESA  
State: AZ  
Zip: 85201

Monday:  09:00 17:00  
Wednesday:  09:00 17:00  
Friday:  09:00 17:00  
Tuesday:  09:00 17:00  
Thursday:  09:00 17:00

PIN: 01066  
Order Date: 8/24/2015  
Submitter: TANISHA LENFORD\_ ASIIS (TANISHA)  
Instructions:   
Order Status: In Progress

Comments:   
Inventory Last Submitted: 07/22/2014  
Order Set: **2015-2016 FLU / Distributor**  
Inventory Transaction Reason: VFC PROVIDERS - NON COUNTY / Distributor

Order Frequency: Monthly Order Timing:  
Order Schedule:

**Order Details**

Vaccine	Description	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
					<input type="button" value="Cancel"/>	<input type="button" value="Save Order"/>	<input type="button" value="Submit Order"/>



**Step 6:** Review 2015-2016 VFC Influenza presentations and enter the desired order quantities. Once you have completed your order, click on “Submit Order” at the bottom of the screen.

Order Set: 2015-2016 FLU / Distributor

Inventory Transaction Report | Lot Number Summary | Edit Temperature

Order Frequency: Monthly | Order Timing:

Order Schedule:

Order Details							
Vaccine	Vaccine Name	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
Influenza inj quadrivalent pres free 36+ mos	FLUZONE QUAD 10 PK 1DOSE VIAL 49281-0415-10	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influenza inj quadrivalent pres free 36+ mos	FLUARIX QUAD 10PK 1 DOSE TIPLCK SYR 58160-0903-52	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influenza, live intranasal, quadrivalent	FLUMIST QUAD 10PK 1DOSE SPRAY 66019-0302-10	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influenza inj quadrivalent pres free 6-35 mos	FLUZONE QUAD 10PK 1DOSE SYR 49281-0515-25	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influenza inj quadrivalent pres free 36+ mos	FLUZONE QUAD 10PK 1DOSE SYR 49281-0415-50	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influ split 36+ mos	FLULAVAL QUAD 10 DOSE VIAL 19515-0898-11	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	
Influenza inj quadrivalent w/presv. 6+ mos	FLUZONE QUAD 10PK 1DOSE VIAL 49281-0623-15	0	0	<input type="text"/>	<input type="checkbox"/>	--select--	

Cancel | Save Order | **Submit Order**

# What Happens Next?

- Submitted orders will be reviewed by the Arizona Immunization Program Office, Vaccine Center. Depending on VFC influenza vaccine availability in Arizona, orders that meet the current VFC requirements will be approved within 3-4 business days.
- All correspondence pertaining to your 2015 – 2016 Influenza vaccine order will be in the comments section of your order in ASIIS.



# What Happens If the Vaccine I am Requesting is Not Available?

- If the Arizona Vaccine Center does not have sufficient supply of a particular presentation of a requested vaccine, the Arizona Vaccine Center will approve the doses we have available and doses that are not available will be reduced or cancelled.
- You must submit a new order for the requested doses that were reduced or cancelled.

**If you have questions about your backorder, contact the Arizona Vaccine Center at (602) 364-3642 for more information.**



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