

## Antigen vaccine order form

**Patients wishing to reorder their low-dose immunotherapy vaccines are required to have had a consultation within the last 12 months.**

Please print in CAPITAL/UPPER CASE letters. Allow 14 days from receipt of order for processing.

Account number		Date of birth (dd/mm/yy)	
Full name			
Address			
Address		Postcode	
Email address		Telephone number	
Date of order		Date required	

Vaccines to be:  Collected  Sent by post

Vaccines are to be administered by:  Injection  Under-the-tongue drops

Indicate how many of the following are required: Measuring syringes:  Empty vacutainers:  Empty dropper bottles:

Indicate the number of tubes required: **1 2 3 4** (Office use only)    **1 2 3 4** (Office use only)  
**Item (Col 1)**    **EP**    **BN**    **Item (Col 2)**    **EP**    **BN**

1	Item (Col 1)		Item (Col 2)	
	EP	BN	EP	BN
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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23				
24				
25				

**This section is for NHS PRESCRIPTIONS ONLY:**

**To the Chemist:** You should only stamp and sign this form if you are in receipt of an NHS Prescription for the goods detailed above. Authorisation of this form will be taken as an official order and you will be invoiced accordingly. If you have any queries about this, please contact the Accounts Department. **Please stamp and sign.**

Chemist's stamp

Signature of chemist:

Please also sign below if you are agreeable to the vaccines being dispatched directly to the patient.

Signature of chemist:

**Before manufacturing a vaccine, perform the following checks:**

1. All items used in last vaccine i.e. syringes, needles, filters and any used antigen solutions have been cleared from the work area as indicated in S.O.P 05.

**Once the vaccine has been manufactured the following must be considered before releasing it:**

1. Any deviations or related events are recorded.
2. The manufacturing technician and the countersigning technician are both confident that the finished vaccine has been produced following all the relevant S.O.Ps to GMP standards, as indicated in S.O.P 05.

**Batch Numbers**

Isolator	A B C	Isolator	A B C
Vacutainer		Vacutainer	
Filter	BP	Filter	BP
Saline		Saline	
Manufacturing tech		Manufacturing tech	
Countersigning tech		Countersigning tech	
Label Checked		Label Checked	
GMP Compliant QC		GMP Compliant QC	

**Doctor**

Date order received	Date completed
Initials	Checked Vs original script

Affix label here	Affix label here
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Affix label here	Affix label here
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Use additional sheets, if required.