

Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Provider Vaccine Choice Worksheet

Submit completed form by email to WACHildhoodVaccines@doh.wa.gov or by fax to 360.236.3811				
PIN:		Facility Name:		
Address:		City:	State: WA	Zip:
Contact Name:			Telephone:	
Fax:		Email:		
Please select the brand you prefer.				
<p>DTaP Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Sanofi Pasteur - DAPTACEL® (5 dose) <input type="radio"/> GSK - INFANRIX® (5 dose) <input type="radio"/> No Preference <p>DTaP-IPV Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Sanofi Pasteur - QUADRACEL® (1 dose) <input type="radio"/> GSK - KINRIX® (1 dose) <input type="radio"/> No Preference <p>Hepatitis A Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> GSK - HAVRIX® (2 dose) <input type="radio"/> Merck - VAQTA® (2 dose) <input type="radio"/> No Preference <p>Hepatitis B Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> GSK - ENGERIX B® (3 dose) <input type="radio"/> Merck - RECOMBIVAX HB® (3 dose) <input type="radio"/> No Preference <p>Hib Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Sanofi Pasteur - ACTHIB® (4 dose) <input type="radio"/> Merck - PEDVAXHIB® (3 dose) <input type="radio"/> GSK - HIBERIX® (4 dose) <input type="radio"/> No Preference <p>Meningococcal Conjugate Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Sanofi Pasteur - MENQUADFI® (2 dose) <input type="radio"/> GSK - MENVEO® one-vial (2 dose) <input type="radio"/> No Preference 		<p>Meningococcal B Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Pfizer (Wyeth) - TRUMENBA® (2 or 3 dose) *Penbraya will only be available on order sets that have Trumenba <input type="radio"/> GSK - BEXSERO® (2 dose) <input type="radio"/> No Preference <p>MMR Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Merck - M-M-R®II (2 dose) <input type="radio"/> GSK - PRIORIX® (2 dose) <input type="radio"/> No Preference <p>PCV Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Pfizer - PREVNAR 20® (4 dose) <input type="radio"/> Merck - VAXNEUVANCE™ (4 dose) <input type="radio"/> No Preference <p>Rotavirus Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Merck - ROTATEQ® (3 dose) <input type="radio"/> GSK - ROTARIX® (2 dose) <input type="radio"/> No Preference <p>Tdap Vaccine</p> <ul style="list-style-type: none"> <input type="radio"/> Sanofi Pasteur - ADACEL® (1 dose) <input type="radio"/> GSK - BOOSTRIX® (1 dose) <input type="radio"/> No Preference 		