

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.				
DTaP Vaccine ☐ Sanofi Pasteur - DAPTACEL® (5 dose) ☐ GSK - INFANRIX® (5 dose) ☐ No Preference DTaP-IPV Vaccine ☐ Sanofi Pasteur - QUADRACEL® (1 dose) ☐ GSK - KINRIX® (1 dose) ☐ No Preference Hepatitis A Vaccine ☐ GSK - HAVRIX® (2 dose) ☐ Merck - VAQTA® (2 dose) ☐ No Preference Hepatitis B Vaccine ☐ GSK - ENGERIX B® (3 dose) ☐ Merck - RECOMBIVAX HB® (3 dose) ☐ No Preference Hib Vaccine ☐ Sanofi Pasteur - ACTHIB® (4 dose) ☐ Merck - PEDVAXHIB® (3 dose) ☐ GSK - HIBERIX® (4 dose) ☐ No Preference Meningococcal Conjugate Vaccine ☐ Sanofi Pasteur - MENQUADFI® (2 dose) ☐ GSK - MENVEO® one-vial (2 dose) ☐ No Preference		Meningococcal B Vaccine ☐ Pfizer (Wyeth) - TRUMENBA® (2 or 3 dose) *Penbraya - only available with Trumenba ☐ GSK - BEXSERO® (2 dose) *Penmenvy^ - only available with Bexsero ☐ No Preference MMR Vaccine ☐ Merck - M-M-R®II (2 dose) ☐ GSK - PRIORIX® (2 dose) ☐ No Preference PCV Vaccine ☐ Pfizer - PREVNAR 20® (4 dose) ☐ Merck - VAXNEUVANCE™ (4 dose) ☐ No Preference Rotavirus Vaccine ☐ Merck - ROTATEQ® (3 dose) ☐ GSK - ROTARIX® (2 dose) ☐ No Preference Tdap Vaccine ☐ Sanofi Pasteur - ADACEL® (1 dose) ☐ GSK - BOOSTRIX® (1 dose) ☐ No Preference		

^Penmenvy will be added to order sets with Bexsero once it becomes available.