

Immunisation Program Rabies Vaccine Order Form



Tel: 1300 882 008
 Fax: 1300 768 088
 Email: immunisation@dhs.vic.gov.au

Order from:

Doctor Name:	DHS Account No.:
*Registration No.:	Expiry:

OR

Centre Name:	DHS Account No.:
*Health Services Permit No.:	Expiry:

Doctor / Centre Delivery address (not post office box):

Date:

Tel:

Fax:

*In order to receive Government funded vaccines, I agree that: (1) this centre complies with the recommended vaccine cold chain storage of 2°–8°C as stated in the National Vaccine Storage Guideline, Strive for 5: www.immunise.health.gov.au, and (2) in the event of a cold chain breach I will call DHS to discuss **before** discarding any vaccines.*

Signature of authorised person:

Print name:

Post-Exposure Pre-Exposure

Circumstances (eg. Traveller, Australian Wildlife Handler)

Indication for post-exposure rabies treatment:

Date of bite:

Patient name:

Type of animal:

Patient address:

Site of bite (eg. Arm, Leg):

Patient date of birth:

Country where bite occurred:

Treatment prior to presentation:

Description	Notes	Number of units in stock	Number of units for order
Inactivated rabies vaccine	~	~	~
Human rabies immunoglobulin (2ml vial)	~	~	~

For vaccine delivery inquiries please telephone 1800 008 275 (CSL Parkville)