

JYNNEOS Vaccine Distribution Request

Email to: biologics@washtenaw.org

Date of request (Today's date):		
Name of Local Health Department:		
Name of Facility, if not LHD:		
Contact completing this pickup:		
Email:		
Best phone for contact:		
# VIALS requested:		
DATE of preferred pick-up:		Confirmed Date:
TIME of preferred pick-up:		Confirmed Time:
Will need a cool cube and data logger: <input type="checkbox"/> Yes <input type="checkbox"/> Refrigerated (must return within 24 hours) <input type="checkbox"/> Frozen (must return same day) <input type="checkbox"/> No - we will bring one properly set up	If needed: (LHD Use Only)	Cool Cube # _____ Data Logger # _____ Date Returned: _____

For County use only:

Vaccine Brand:	
Vaccine Lot #:	
Expiration Date:	
# Vials packed:	
Temperature of transport cooler:	
Date of Distribution:	
Date entered into EHR:	
Date entered into MCIR:	

WCHD staff signature: _____

Receiving agency signature: _____