



Depot Request Form

DEPOT REQUESTS MUST BE SUBMITTED A MINIMUM OF 72 HOURS IN ADVANCE TO ALLOW THE WASHINGTON DOH TIME TO APPROVE THE TRANSFER REQUEST

Date: Are you enrolled in the Washington State Department of Health COVID-19 Vaccine Program? Yes No

PROVIDER REQUESTER INFORMATION

First Name:	Last Name:
Contact Number:	Email:
Organization Name or ID:	
Facility Name:	
Facility Address:	City: ZIP:

ALL VACCINE WILL BE TRANSFERRED FROZEN UNLESS OTHERWISE SPECIFIED.

The COVID-19 Vaccine Depot operates on Tuesdays and Thursdays from 8 a.m. to 3 p.m.

Please complete the information below by providing the date, day, and the approximate time you will be picking up your order. Contact the depot at least 72 hours in advance and coordinate vaccine transport . Do you need ancillary supplies? Yes No

Date: Tuesday Thursday Pick up Time: (8 a.m. – 3 p.m.) *If you are unable to come on the day and time selected, you will need to reschedule your pickup time.*

Pickup location for depot order is on the 4th floor, Room 401. The door is locked. Please **RING THE DOORBELL** for assistance.

Submission of this form is not confirmation of the request. Please wait for email confirmation before picking up your order.

VACCINE FORMULATION/PRESENTATION GUIDE (Primary = Monovalent / Booster = Bivalent)

PFIZER-BIONTECH					MODERNA				
6 mos. – 4 yrs.	<input type="checkbox"/>	Primary	#	Vials (10 doses)	6 mos. – 5 yrs.	<input type="checkbox"/>	Primary	#	Vials (10 doses)
	<input type="checkbox"/>	Booster	#	Vials (10 doses)		<input type="checkbox"/>	Booster	#	Vials (2 doses)
5 yrs. – 11 yrs.	<input type="checkbox"/>	Primary	#	Vials (10 doses)	6 yrs. – 11 yrs.	<input type="checkbox"/>	Primary	#	Vials (10 doses)
	<input type="checkbox"/>	Booster	#	Vials (10 doses)		<input type="checkbox"/>	Booster	#	Vials (10 doses)
12 yrs. +	<input type="checkbox"/>	Primary	#	Vials (6 doses)	12 yrs. +	<input type="checkbox"/>	Primary	#	Vials (10 doses)
	<input type="checkbox"/>	Booster	#	Vials (6 doses)		<input type="checkbox"/>	Booster	#	Vials (5 doses)

REQUESTER RESPONSIBILITIES

- **BRING VACCINE TRANSPORT MATERIALS WITH YOU WHEN PICKING UP REQUESTED VACCINE IN RM 401.**
- Follow vaccine transport guidance if picking up from the depot.
- **SIGN ON TO WA IIS AND ACCEPT VACCINE TRANSFER.**
- Schedule vaccine appointments and administer the vaccine.
- Maintain accurate inventory in the WAIS and Vaccine Finder.

Other vaccine not listed above:

MANUFACTURER CUSTOMER SERVICE	PHONE NUMBER	EMAIL ADDRESS
Pfizer	1.800.666.7248	cvgovernment@pfizer.com
Moderna	1.866.663.3762	Not available
McKesson	1.833.272.6634	snssupport@mckesson.com

Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit srhd.org.

