



Guided Vaccine Order with Inventory on Hand Entry

Providers will follow the steps below to enter a vaccine order. VTckS will guide the provider through inventory on hand support documentation in the same process.

Click on your **Order Vaccines** link to validate the last time a supporting document was created.

Chaffee County Public Health
Provider PIN - COA 0110
448 EAST 1ST STREET, ROOM 137
SALIDA, CO 81201

CDC VTckS Vaccine Ordering Site

Transaction In Process

Order Vaccines

VTckS Order ID	Description	Status	Order Date
0500405761		Submitted	02/10/2012
0500405759	February Order	Submitted	02/08/2012
0500405757	March Order	Submitted	02/08/2012
0500405756	February Order	Submitted	02/08/2012
0500405754	February Order	Submitted	02/07/2012
0500405750	February Order	Submitted	02/06/2012
050040132		Completed	02/06/2012
0500275342	Pin#9130 - ARRA ORDER	Completed	02/17/2011
0500200354	Pin#9130 - Feb. ARRA Order	Completed	02/02/2011
0500435143	Pin#9130 - Jan ARRA Order	Completed	01/14/2011
0500427632	January Daniel Zairat	Completed	01/13/2011
050066135	December ARRA Order	Completed	01/04/2011

Each supporting document will be displayed with the last submitted date. Ensure the last submitted date is within the required date range set by the grantee. *If any supporting documents are past due, be prepared to enter them now through this guided vaccine order process.* Click on **Order Catalog** to begin your order.

Chaffee County Public Health
Provider PIN - COA 0110
448 EAST 1ST STREET, ROOM 137
SALIDA, CO 81201

CDC VTckS Vaccine Ordering Site

No Items in the shopping basket

Create Vaccine Order

Inventory on Hand Last Submitted on 02/08/2011
Doses Administered Last Submitted on 02/12/2012
Temperature Log Last Submitted on 02/12/2012

Item	Brand	NDC	NDC Description	QTY(Doses)	Order Intention	Item Total Value

Enter the **NDC quantity** before adding to the shopping cart.

Click on the **Shopping Cart** icon to update the transaction directly OR Mark the **Check Box** to select the NDC and then click on the **Add to Cart** button to update the transaction.

Alliance Family Practice and Urgent
Provider PIN - COA 6073
7621 AUSTIN BLUFFS PARKWAY
COLDSRIP SPRINGS, CO 80520

CDC VTckS Vaccine Ordering Site

Checkout 2 Item(s)

Vaccine Order Catalog

Brand	NDC	NDC Description	QTY(Doses)
HIBTITER	03005-0104-32	HIB; SDV; 5-PACK	1
PREVNAR	03005-1970-50	PCV7; SYR; 10-pack	20
PREVNAR	03005-1970-42	PCV7; SDV; 5-pack	1
PREVNAR 13	03005-1971-02	PCV13; SYR; 10-pack	30
PREVNAR	03005-1971-08	PCV13;SYR; 10-PACK	1

Add to Cart

Click on the **checkout XX item(s)** button at the top of the screen to move to the order screen to finalize the order.

Inventory on Hand support document is required for this order.

Whenever the **Next** button displays, it means there are supporting documents that need to be completed.

Click in the following required field and enter the following information; **Order Intention** – needs to be updated for MIX vaccines. Click on the **Update** button to refresh the NDC values.

To continue click the **Next** button to manage the pending supporting document OR
Click on **Cancel** to cancel the vaccine order

The inventory on hand screen is displayed to create and submit the document before continuing with the vaccine order. Notice the order is still pending with 2 items. After updating the inventory quantity or adding a new NDC, click the **Checkout** button.

This is the last chance to **Cancel** the order. If you cancel the order, any other support documents will be canceled also

Welcome *PI_02COA_500* CHAFFEE COUNTY PUBLIC HEALTH Provider PIN - COA 0110 448 EAST 1ST STREET, ROOM 137 SALIDA, CO 81201

CDC VTrcks Vaccine Ordering Site 2 Item(s) to the value of 307.75 USD My Details | Log Out

Universal Search | Order Catalog | Order Vaccines | Inventory on Hand | Doses Administered | Temperature Log | Returns Catalog | Returns

Create Vaccine Order

Your Reference: Priority: Normal
 Your Description: Priority Reason:

Inventory on Hand Last Submitted on 03/08/2011
 Doses Administered Last Submitted on 02/10/2012
 Temperature Log Last Submitted on 02/12/2012
 Messages/Warnings

Default Delivery Settings For Items

Deliver To: 448 EAST 1ST STREET, ROOM 137, SALIDA, CO 81201
 Delivery Hours: TUESDAY 09:00-16:00
 WEDNESDAY 09:00-16:00
 THURSDAY 09:00-16:00
 Shipping Instructions:

Item	Brand	NDC	NDC Description	QTY(Doses)	Order Intention	Item Total Value
<input type="checkbox"/> 10	ACTHIB	49281-0545-05	HIB; SDV; 5-pack	5	Pediatric	45.00 USD
<input type="checkbox"/> 20	PENTACEL	49281-0510-05	DTAP-IPV-HIB; SDV; 5-pack	5	Pediatric	262.75 USD

5 New Items

Welcome *PI_02COA_500* CHAFFEE COUNTY PUBLIC HEALTH Provider PIN - COA 0110 448 EAST 1ST STREET, ROOM 137 SALIDA, CO 81201

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Create Vaccine Order

Your Reference: Priority: Normal
 Your Description: Priority Reason:

Inventory on Hand Last Submitted on 03/08/2011
 Doses Administered Last Submitted on 02/10/2012
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 Shipping Instructions:

Item	Brand	NDC	NDC Description	QTY(Doses)	Order Intention	Item Total Value
<input type="checkbox"/> 10	ACTHIB	49281-0545-05	HIB; SDV; 5-pack	5	Pediatric	45.00 USD
<input type="checkbox"/> 20	PENTACEL	49281-0510-05	DTAP-IPV-HIB; SDV; 5-pack	5	Pediatric	262.75 USD

5 New Items

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Inventory On Hand

Brand	NDC	NDC Description	LOT#*	QTY(Doses)*	Expiration Date* (mm/dd/yyyy)
<input type="checkbox"/> PREVNAR 13	00005-1971-02	PCV13; 5YR; 10-pack	E84461	10	05/31/2012
<input type="checkbox"/> VARIVAX	00006-4827-00	VAR; SDV; 10-pack	13752	20	10/19/2012
<input type="checkbox"/> PEDVAXHIB	00006-4897-00	HIB; SDV; 10-pack	1514Y	30	09/25/2012
<input type="checkbox"/> ADACEL	49281-0400-10	TDAP; SDV; 10-pack	C3490AA	5	07/16/2012
<input type="checkbox"/> ADACEL	49281-0400-10	TDAP; SDV; 10-pack	C3516AA	50	08/25/2012
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

After completing and submitting the mandatory supporting documents, review the vaccine order and determine if any changes are needed before the order is processed.

Click on **Continue Shopping**

– to make necessary changes,

OR

Click on **Order** – to submit the vaccine order.

Welcome **PI_02COA_500** CHAFFEE COUNTY PUBLIC HEALTH Provider PIN - COA 0110 448 EAST 1ST STREET, ROOM 137 SALIDA, CO 81201

CDC VTrckS Vaccine Ordering Site 2 Item(s) to the value of 307.75 USD My Details | Log Out

Universal Search | Order Catalog | Order Vaccines | Inventory on Hand | Doses Administered | Temperature Log | Returns Catalog | Returns

Your Vaccine Order Review

Your Reference: Total Value: **307.75 USD**
 Your Description:
 Priority: Normal
 Order Reason:
Default Delivery Settings For Items
 Delivery Address: 448 EAST 1ST STREET, ROOM 137, SALIDA, CO 81201
 Delivery Hours: TUESDAY 09:00-16:00
 WEDNESDAY 09:00-16:00
 THURSDAY 09:00-16:00
 Shipping Instructions:

Item	Brand	NDC	QTY(Doses)	NDC Description	Order Intention	Total Value Unit Value
10	ACTHIB	49281-0545-05	5	HIB; SDV; 5-pack	Pediatric	45.00 USD 9.00 USD / 1 DOS
20	PENTACEL	49281-0510-05	5	DTAP-IPV-HIB; SDV; 5-pack	Pediatric	262.75 USD 52.55 USD / 1 DOS

Continue Shopping **Order**

Click **Ok** to send the order to the grantee.

Message from webpage

Do you really want to send the order?

OK **Cancel**

The vaccine order has been submitted and the **Order and Inventory on Hand Confirmation** have been created. The order can now either be printed or closed at this time.

To exit the screen click on the [CDC VTrckS Vaccine Ordering Site](#) link to return to the home screen.

Welcome **PI_02COA_500** CHAFFEE COUNTY PUBLIC HEALTH Provider PIN - COA 0110 448 EAST 1ST STREET, ROOM 137 SALIDA, CO 81201

CDC VTrckS Vaccine Ordering Site Transaction In Process My Details | Log Out

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Your Vaccine Order Receipt

Your order was received and is being processed.

Order Confirmation: 500405763
 Inventory On Hand Confirmation: 300010140
 Your Reference: Overall Status: **Submitted**
 Priority: Normal
 Order Reason: Total Value: **307.75 USD**
 Your Description:
 Deliver To: 448 EAST 1ST STREET, ROOM 137, SALIDA, CO 81201
 Delivery Hours: TUESDAY 09:00-16:00
 WEDNESDAY 09:00-16:00
 Shipping Instructions:

Item	Brand	Item Details	Order Intention	QTY(Doses)	Total Value Unit Value	Status
10	ACTHIB	49281-0545-05 ; HIB; SDV; 5-pack	Pediatric	5	45.00 USD 9.00 USD / 1 DOS	Submitted
20	PENTACEL	49281-0510-05 ; DTAP-IPV-HIB; SDV; 5-pack	Pediatric	5	262.75 USD 52.55 USD / 1 DOS	Submitted

Print **Close**