

2023-2024 FLU VACCINE ORDER FORM

Please fill out this request form and send it to: **CustomerCare@life-assist.com**

If you have any questions, please call our Customer Care Center, Monday to Friday, 7am to 5pm (PST) at:
800-824-6016

	Contact Information	Ship to Address	Bill to Address
Customer #:			
Contact name:			
Contact Phone:			
Contact Email:			PO #:

Brand	Code	Description	Size	Ages	Unit Price	Doses Ordered
Afluria (Seqirus)	MDV1	Multidose Vial (10 doses/vial) ^Δ	5 ml	6 mos+	Contact Customer Care	
Afluria (Seqirus)	SYR1	Prefilled Syringes (10 doses/box) ^{†Δ}	0.5 ml	6 mos+	Contact Customer Care	
Flucelvax (Seqirus)	MDV2	Multidose Vial (10 doses/vial) ^Δ	5 ml	4 yrs+	Contact Customer Care	
Flucelvax (Seqirus)	SYR2	Prefilled Syringes (10 doses/box) ^{†Δ}	0.5 ml	4 yrs+	Contact Customer Care	

† Preservative free

Δ Packaging not made with natural rubber latex

∞ Egg free

Ω Contains an adjuvant called MF59

By submitting this form, you will secure priority for the flu vaccine. You will **not** be billed until the order ships.
These items are non-returnable.

Print Name _____ Signature** _____ Date _____

By signing this form, you agree to all charges associated with this order and agree to remit payment accordingly. All items require refrigeration and freight charges will be applied accordingly per Life-Assist shipping policy. All orders are considered final and cannot be cancelled. **These items are non-returnable.