

VFC/VFA Vaccine Ordering



VFC/VFA Vaccine Ordering Introduction

Today we will cover:

- Logging In
- Basic Navigation
- New Vaccine Orders
- New Vaccine Transfers
- New Vaccine Wastages
- New Vaccine Returns
- Returns History
- Wastages History
- Transfers History



VFC/VFA Vaccine Ordering

New Vaccine Orders

New Vaccine Orders Introduction

As a Provider you should have access to the following:

- Reviewing Provider Details
- Inputting Vaccine Orders
- Uploading Supporting Documents
- Inputting Inventory Updates
- Inputting Additional Information
- Creating a New Vaccine Order



New Vaccines



After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
-	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



The Organization page will appear. Be careful not to change the VIIS Code & VFC/VFA Pin.

ORGANIZATION CON	TACTS AGREEMENTS REVIE	Orders & ew & Submit Inventory Orders His	Returns & Wasta Wastages & Transf Story Transfers Histor	<u>vs &</u> <u>GES &</u> <u>FERS</u> <u>82</u>
Organization Name* VIIS Org Code (for existing accounts) Are you a VFC/VFA Pr Already exchange dat with VIIS or want to?* Phone #* ex:(123) 456-7890	Jessi Test1 7886 Step 2 (767) 565-6545	Image: Constraint of the system Image: Constraint of the system <th>/FA Pin 7886</th> <th></th>	/FA Pin 7886	
Physical Address Address Line1*	Plum In	Address Line2		
Zip*	23059	City	GLEN ALLEN	🥥 State VA 😡
** Enter Other (specify) if Organization Typ e mandatory	e is Other			Update Next



Select the Orders & Inventory Tab.

Organization Contacts	Agreements	Review & Submit Invento	& ORY ORDERS	<u>Returns &</u> <u>Wastages &</u> History Transfers	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u> History		
General							
Organization Name*	Jessi Test1		 Organization Type* Other (specify) ** 	Employee Hea	alth		~ @
(for existing accounts) Are you a VFC/VFA Provider?* Already exchange data electronically			If Yes, what	Step 3		Ø	
with VIIS or want to?* Phone #* ex:(123) 456-7890	(767) 565-6545		ex:(123) 456-788 Alt Phone # ex:(123) 456-7890				
Physical Address							
Address Line1*	Plum In		Address Line2 City			-	@
21p*	23059		City	GLEN ALLEN		State VA	
** Enter Other (specify) if Organization Type is Other							
are mandatory						Update	Next



Select the Provider Details Dropdown to review your organization's details.

Organization <u>Contacts</u>	Agreements	Review & Submit	<u>Orders &</u> Inventory	Ret Was Orders History Tra	<u>turns &</u> stages & ansfers	<u>Returns &</u> Wastages & Transfers History	
Provider Details						Expand All Sections	Collapse All Sections
Pediatric Vaccine							
Adult Vaccine Supporting Documents	Step 4						
Additional Information							
						Create Order	
* are mandatory							



The Provider Details sub-section will appear.

All changes in Key staff a inning address and hours	ce or to reinstate those privileges. Ind provider details must be communicated to the V are precessary for vaccines to be delivered correct	se plan and re-enroll into the VFC/VFA program by the due date. For tho /VSA program. Key staff include: the medical director or equivalent who /v	ose past due, please contact VVSA to a signed the provider agreement, th	team immediately to discuss next steps for an ne vaccine coordinator, and the backup coordi	uninterrupted inator. Up-to-date
dical Director Info	mation	yy-			
edical Director Med		Medical Director Middle Name	Medical Director	Dir	
Idress Line1	Jarin dr	Address Line2	Zip	23059	
VA		State GLEN ALLEN			Stop 5
	51.10				Step 5
ipping Hours	Pirst Open Interval				
esdav		13:00 × To 17:00 ×			
ednesday	Select × To Select ×	Select × To Select ×			
ursday	Select V To Select V	Select V To Select V			
iday	Select V 10 Select	Select V To Select V			
mary Contact Infor	maion				
rst Name Prim		Last Name test	Email	primtest@gmail.com	
one (787)	877-8787 -				
condary Contact In	formaion				
rst Name Sec.		Last Name test	Email	sectest@gmail.com	



Select the Pediatric Vaccine Dropdown to input a new vaccine order.

Organization Contacts	Agreements	Review & Submit	Orders & Inventory	Orders History	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u>	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u> <u>History</u>	
						Expand All Sections Collapse All Sections	
Provider Details							
Pediatric Vaccine							
Adult Vaccine		_					
Supporting Documents	Step 6						
						Create Order	
* are mandatory							



The Pediatric Vaccine sub-section will appear.

Pediatric Vaccine				
Vaccine				
Vaccine Select Vaccine	✓ Brand Name	Select Brand Name 🗸	Unit Shipping Size Select Unit Shipping	ng size
NDC Code	CPT Code		Quantity Requested	
			hequested	
Add Vaccine Cancel			\sim	
				Step 7



Fill in the Pediatric Vaccine sub-section. Select Add Vaccine button.

Pediatric Vaccine	
Vaccine	
Vaccine Covid-19 (Age 12 years and older) Brand Name Comirnaty® Unit Shipping Size 10 pack-1 d	ose vial
NDC Code 00069-2362-10 CPT Code 91320 Quantity Reguested 10	
Add Vaccine Cancel	
	Step 8
Step 9	



Your new Pediatric Vaccine order will appear.

Pediatric Vaccin	e								
Vaccine									
Vaccine	Sele	ect Vaccine	~	Brand Name	Select Brand Name	~	Unit Shipping Size	Select Unit Shipping size	~
NDC Code				CPT Code			Quantity		
							Requested		
Add Vacci	ne Cano	cel							
Delete	Line#	Vaccine	Brand Name		Unit Shipping Size	NDC Code	CPT Code	Qi	iantity Requested
×	1	Covid-19 (Age 12 years and older)	Comirnaty®		10 pack- 1 dose vial	00069-2362-10	91320	10	
)





If you have filled in the Pediatric Vaccine sub-section, but <u>not</u> selected the Add Vaccine button yet, click the Cancel button to clear fields.

Pediatric Vaccine							
Vaccine							
Vaccine	Covid-19 (Age 12 years and older)	Brand Name	Comirnaty®	~	Unit Shipping Size	10 pack- 1 dose vial	~
NDC Code	00069-2362-10	CPT Code	91320		Quantity Requested	10	
Add Vaccine	Cancel						
	Step 11						



The order will clear.

Pediatric Vaccine							
Vaccine							
Vaccine Sel	vet Vaccine 🗸 🗸	Brand Name	Select Brand Name	✓ Unit Shipping	Size Select Unit Shipping si	ze	
NDC Code		CPT Code		Quantity Requested			
Add Vaccine Can	cel						
						Step 12	



If you have filled in the Pediatric Vaccine sub-section, and selected the Add Vaccine button, click the red x to, cancel your order.

Pediatric Vacc	ine								
Vaccine									
Vaccine	Sel	ect Vaccine	~	Brand Name	Select Brand Name	~	Unit Shipping Size	Select Unit Shipping size	~
NDC Code				CPT Code			Quantity		
		_							
Add Vac	cine Can	icel							
Jelete	\ine#	Vaccine	Brand Name	Ui	nit Shipping Size	NDC Code	CPT Code		Quantity Requested
X	1	Covid-19 (Age 12 years and older)	Comirnaty®	10) pack- 1 dose vial	00069-2362-10	91320		10





Your new Pediatric Vaccine order will disappear.

Pediatric Vaccine									
Vaccine									
Vaccine	Select Vacc	ine	~	Brand Name	Select Brand Name	~	Unit Shipping Size	Select Unit Shipping size	~
NDC Code				CPT Code			Quantity Requested		
Add Vaccine	Cancel								
Delete	Line#	Vaccine	Brand Name	Unit Sl	hipping Size	NDC Code	CPT Code	Quantity Requested	
No Records four	nd								
							\sim		
								Step 14	



To complete your new order, need at least one document type submitted. Select the Supporting Documents dropdown.





Select the Supporting Document Type from the dropdown. Click the Choose File to Upload button. Select your file and click the Upload button.

Supporting Documents			
Upload Documents			
Note: Upload at least one Data Legger Report for Order Review. Supporting Document Type	Step 16		
Allowed file types: PDF,DOC,DOCX,CSV,XLS,XLSX. Choose File to Upload Upload		Step 17	
Delete Li "	Document Name	Uploaded By	Uploaded On
No Records found Step 18			



To complete your new order, need at least one document type submitted. Select the Supporting Documents dropdown. (Select the red x to cancel your upload.)

Supporting Documents					
Upload Documents					
Note: Upload at least one Data Logger Re	port for Order Review.				
Supporting Document Type	Logger Report 🗸				
Allowed file types: PDF,DOC,DOCX,CSV, Allowed file size: 2 MB.	XLS,XLSX. Choose File to	Upload			
Upload					
Delete Linc# Docume	ent Type	Document Name	Uploaded By	Uploaded On	
1 Refriger	rator Data Logger Report	Inventory test doc.pdf	Jessi test	02/22/2024	
Additional Information					
			Step 19	Create Order	



Inventory



Select the Pediatric Vaccine dropdown to access the Inventory sub-section for this new order.





Scroll down to the Inventory sub sections and fill in the fields.

diatric Vaccine										
Vaccine										
Vaccine NDC Code	Sele	ct Vaccine	~	Brand Name CPT Code	Select Brand Name		~	Unit Shipping Size Quantity Requested	Select Unit Shipping size	~]
Add Vaccine	Cano	cel								
Delete L	Line#	Vaccine	Brand Name		Unit Shipping Size	NDC Code		CPT Code		Quantity Requested
×	1	Covid-19 (Age 12 yea	rs and older) Comirnaty®		10 pack- 1 dose vial	00069-2362-10		91320		10
Inventory										
Vaccine	Sele	ct Vaccine	~	Brand Name	Select Brand Name		~	Unit Shipping Size	Select Unit Shipping size	~
NDC Code				Estimated Dose	s On			Doses On Hand		
Lot#				Hand Lot Expiration I	Date					
Add Inventor	ry Car	ncel								
										Step 21



Step 22

Select the Add Inventory button to add inventory.

Pediatric Vaccin	e								
Vaccine									
Vaccine NDC Code	Selec	t Vaccine	~	Brand Name CPT Code	Select Brand Name	~) Unit Qua Req	t Shipping Size Select Unit Sh Intity Juested	ipping size ✓
Add Vacci	ine Cance	el							
Delete	Line#	Vaccine	Brand Name		Unit Shipping Size	NDC Code		CPT Code	Quantity Requested
×	1	Covid-19 (Age 12 years and older)	Comirnaty®		10 pack- 1 dose vial	00069-2362-10		91320	10
Inventory									
Vaccine	Covid	I-19 (Age 12 years and older)	~	Brand Name	Comirnaty®	~	Uni	t Shipping Size 10 pack- 1 do	se vial 🗸
NDC Code	00069	9-2362-10		Estimated Doses Hand	; On 2		Dos	es On Hand 2	
Lot#	1234			Lot Expiration D	ate 02/29/2024				
Add Inven	ntory Can	cel							
		01 00							



Your updated inventory will appear.

leenie	Select Vaccine	✓ Bran	nd Name Select Brand Na	ame 🗸	Unit Shipping Size	Select Unit Shipping	size 🗸
OC Code		СРТ	l Code		Quantity Requested		
Add Vaccine	Cancel						
elete Line#	t Vaccine	Brand Name	Unit Shipping Size	NDC Code	CPT Code		Quantity Requested
×	1 Covid-19 (Age 12 years and o	older) Comirnaty®	10 pack- 1 dose vial	00069-2362-10	91320		10
rentory							
ccine	Select Vaccine	✓ Bra	nd Name Select Brand Na	ame 🗸	Unit Shipping Size	Select Unit Shipping	size 🗸
OC Code		Esti	imated Doses On		Doses On Hand		
ot#		Lot	Expiration Date				
Add Inventory	Cancel		·				
,					Estimated Doses		Lot Expiration
elete Line#	Vaccine	Brand Name	Unit Shipping Size	NDC Code	On Hand	Doses On Hand	Lot# Date
X	Covid-19 (Age 12 years and older)	Comirnaty®	10 pack- 1 dose vial	00069-2362-10	2	2	02/29/2024
Vaccine	K						



If you want to clear your inventory fields and you have <u>not</u> selected the Add Inventory button yet click the Cancel button.

ediatric Vaccin	1e								
Vaccine									
Vaccine NDC Code	[Select Vaccine	~	Brand Name CPT Code	Select Brand Name	×	 Unit Shippin Quantity Requested 	g Size Select Unit Shipping size	• •
Add Vacci	ine	Cancel							
Delete	Line#	Vaccine	Brand Name		Unit Shipping Size	NDC Code	CPT Co	ode	Quantity Requested
×	1	Covid-19 (Age 12 years	and older) Comirnaty®		10 pack- 1 dose vial	00069-2362-10	91320		10
Inventory Vaccine		Covid-19 (Age 12 years and o	der)	Brand Name	Comirnaty®		Unit Shippin	9 Size 10 packs 1 dose vial	
NDC Code	[00069-2362-10		Estimated Dose Hand	es On 2		Doses On Ha	and 2	
Lot#	[1234		Lot Expiration	Date 02/29/2024				
Add Inver	ntory	Cancel	Step 24	1					



If you want to clear your inventory fields and you have selected the Add Inventory button, click the red x.

accine DC Code	Select Vaccine	~	Brand Name CPT Code	Select Brand Name	~	Unit Shipping Size Quantity Requested	Select Unit Shipp	ing size	~]
Add Vaccine	Cancel	Dana d Marra		Unit Chinging Size				0	atitu Domunato d
X	1 Covid-19 (Age 12 years and old	er) Comirnaty®		10 pack- 1 dose vial	00069-2362-10	91320		10	itity kequested
t# Add Inventory	Cancel		Lot Expiration D	it fit is fit		Estimated Doses	D		Lot Expiration
	Covid-19 (Age 12 years and older)	Comirnaty®	10	pack- 1 dose vial	00069-2362-10	On Hand 2	2	1234	Date 02/29/2024
Vaccine			·		,	·			



Once you have reported an item as inventory it will display as an option to select.

Inve	entory											
Vac	cine*	Select Vac	cine	~	Brand Name*	Select Brand Na	ame	~	Unit Shipping Size*	Select Unit Shipping size)	~
NDO	C Code*				Estimated Doses On Hand				Doses On Hand*			
Lot	#*				Lot Expiration Date							
A	Add Inventory C	lear										
			- 1									
	Previously Repo	rted Inver	ntory]
												Export
	Li	ine#	Vaccine	Brand Name	Unit Shi	pping Size	NDC Code	Doses On Hand	Lot#	Lot Expiration Date	Inventory Status	Reported Date
	Select	1	DTaP	Daptacel	10 pack	- 1 dose vial	49281-0286-10	12	T1234	07/06/2024	Pending Review	06/06/2024
		3	Covid-19 (Age 12 years and older)	Comirnaty	10 pack	- 1 dose syringe	00069-2377-10	5	123	06/04/2024	Pending Review	06/06/2024





If you select a Previously Reported Inventory item it will auto fill the Inventory fields.

Inventory Vaccine* NDC Code* Lot#* Add Inventory Previously Re	PTaP 49281-028 T1234 Clear	6-10		✓	Brand Name* Estimated Doses On Hand Lot Expiration Date*	Daptacel 12 07/06/2024		~	Unit Shipping Size* Doses On Hand*	10 pack – 1 dose vial		
			Step	27								Export
	Line#	Vaccine	·		Unit Shipp	ing Size	NDC Code	Doses On Hand	Lot#	Lot Expiration Date	Inventory Status	Reported Date
Select	1	DTaP		Daptacel	10 pack -	dose vial	49281-0286-10	12	T1234	07/06/2024	Pending Review	06/06/2024
<u>Select</u>	3	Covid-19 (Age 12 y	ears and older)	Comirnaty	10 pack -	dose syringe	00069-2377-10	5	123	06/04/2024	Pending Review	06/06/2024



Select the Additional Information dropdown (if needed).

accine	(Select Vaccine	~	Brand Name	Select Brand Name	````	Unit Shipping Size	Select Unit Shippir	ng size	~
IDC Code	[CPT Code			Quantity Requested]
Add Vacc	ine	Cancel								
Delete	Line#	Vaccine	Brand Name		Unit Shipping Size	NDC Code	CPT Code		Quantit	y Requested
×	1	Covid-19 (Age 12 years	and older) Comirnaty®		10 pack- 1 dose vial	00069-2362-10	91320		10	
ventory										
accine	[Select Vaccine	~	Brand Name	Select Brand Name	· · · ·	Unit Shipping Size	Select Unit Shippir	ng size	~
DC Code	[Estimated Dose	es On		Doses On Hand			
ot#	ſ			Lot Expiration	Date					
Add Inver	ntory	Cancel								
Delete	Line#	Vaccine	Brand Name	ι	Init Shipping Size	NDC Code	Estimated Doses On Hand	Doses On Hand	Lot#	Lot Expiration Date
×	1	Covid-19 (Age 12 years a older)	and Comirnaty®	1	0 pack- 1 dose vial	00069-2362-10	2	2	1234	02/29/2024
t Vaccine										
orting Doci	uments									



Fill out info (if needed).





Select the Create Order button to place your order for the new vaccine.

Math							_				Expand Air Sections Conapse Air Sect
Image: Series of the series	tails										
Image: Second	ccine										
Inter Inter< Inter Inter Inter Inter Inter Inter <t< td=""><td>1</td><td>De la contra da contra da</td><td></td><td>Proved Name</td><td>Co. L. J. Brand Marrie</td><td></td><td></td><td>Unit Chinaing Ciza</td><td>C. Seat Held Obligation along</td><td></td><td></td></t<>	1	De la contra da		Proved Name	Co. L. J. Brand Marrie			Unit Chinaing Ciza	C. Seat Held Obligation along		
Note: Constrained Note State Stat	de	Select Vaccine	¥	CPT Code	Select Brand Name			Quantity Requested	Select Unit Shipping size		¥
Valuation Valuation Control Notion OPTICAL OPTICAL OpticAl Proprietability OpticAl Propritability Op	Versine Cancel				-						
Last Last Last Alast Outsample Description Outsample Outsa	Line	Vaccine	Rrand Name		is Chinalog Size	NDC Code	_	CRT Code		Quanti	to Demosted
set Set Vacion Se	X	1 Covid-19 (Age 12 years and older)	Comirnaty®	10	pack- 1 dose vial	00069-2362-10		91320		10	ly requested
Series Haves Faired Mares Series Haves Unit Shipping Size Series Link Shipping Size Series Shipping Size Series Link Ship											
intermediation intermediatintermediatintermediation intermediatio	, ry	Select Varcing	~	Brand Name	Select Brand Name		~	Unit Shipping Size	Select Unit Shipping size		~
Line Line Terms Line Line Line Line Line <thline< th=""> <t< td=""><td>de</td><td></td><td></td><td>Estimated Doses On Hand</td><td></td><td></td><td></td><td>Doses On Hand</td><td></td><td></td><td></td></t<></thline<>	de			Estimated Doses On Hand				Doses On Hand			
Line Nacion Nacional Security Description Description Description Description 1 Carial 19 Ages 12 years and ader) Carinera year 10 gask 1 dase vidt NOC Code Edinated Dases On Hand Calid Caligaria Dase Description Description No Carinera year Carinera year Oppose 1 dase vidt Dood > 124 · 1 2 2 124 0239 / 2024 No Code Use 20 A vidt Dood > 124 · 1				Lot Expiration Date							
Live Vector Brand have Brand have Bit Shopping Size NOC Code Extinated Does On Hand Does On Hand Lot //// Lot Polymoton Dee ************************************	Inventory Cancel										
1 Condicating Deciminants Jape Linds Documents Jape Documents Lings Image: Section Conditionation Conditionationationationation Conditionationation Conditionation Condit	e Line#	Vaccine	Brand Name	Unit Sh	ipping Size	NDC Code		Estimated Doses On Hand	Doses On Hand	Lot#	Lot Expiration Date
tine	×	1 Covid-19 (Age 12 years and older)	Comirnaty®	10 pack	 1 dose vial 	00069-2362-10		2	2	1234	02/29/2024
ine											
Documents Index one Data Lagger Report for Over Review. Selest Supporting Document Type Selest Supporting Document Type Choose File to Upload If life yize: y DPDCDC, UCX, XUX, XUX, XUX, XUX, XUX, XUX, XU	ine										
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Inel Document Type Document Name Uploaded by Uploaded On Image: Series Control Co	ting Document Type	Select Supporting Document Type									
Ind Document Type Document Name Uploaded Dy Uploaded Om 1 1 Refrigerator Data Logger Report Immentory text docpdf Jeasi text 02/22/2024	d file types: PDF,DOC,DOC d file size: 2 MB.	X,CSV,XLS,XLSX.	Choose File to Upload								
Line# Document Type Document Mane Uploaded Dy Uploaded On 1 Refrigerator Data Logger Report Inventory test docpdf Jessi test 02/22/2024	ad										
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leformation e the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only)	X	1 Refrigerator Data Logger Report		Inventory test doc.pdf		Jessi test	/		02/22/2024		
Information the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only)											
the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only)	Information										
	the Default Fund Type S	iplit Requirements Defined in VTrckS (For LHDs Only)									

Step 30



The Success box will appear when you have officially created your order. Select the Ok button to move on to your next task.





Live Demo





New Vaccine Orders Review

As a Provider you should have full editing access to the following:

- Reviewing Provider Details
- Inputting Vaccine Orders
- Uploading Supporting Documents
- Inputting Inventory Updates
- Inputting Additional Information
- Creating a New Vaccine Order


VFC/VFA Vaccine Ordering

New Vaccine Transfers

New Vaccine Transfers Introduction

As a Provider you should have full editing access to the following:

- Vaccine Transfers
- Vaccine Transfers Grid
- Other Details
- Exporting & Printing New Vaccine Transfer Details



Vaccine Transfers

After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



The Organization page will appear. Be careful not to change the VIIS Code & VFC/VFA Pin.

Organization Cont	ACTS AGREEMENTS	<u>Orders &</u> <u>Review & Submit</u> Inventory	Orders History	Returns & Was Wastages & Trai Transfers Hist	<u>URNS &</u> <u>STAGES &</u> <u>NSFERS</u> <u>FORY</u>	
General Organization Name* VIIS Org Code (for existing accounts) Are you a VFC/VFA Pr Already exchange dat with VIIS or want to?* Phone #* ex:(123) 456-7890	Jessi Test1 7886 Step 2 (767) 565-6545	· · · · · · · · · · · · · · · · · · ·	Organization Type* Other (specify) ** If Yes, what is your VFC/VFA Pin Fax # ex:(123) 456-7890 Alt Phone # ex:(123) 456-7890	Employee Health 7886		
Physical Address						
Address Line1* Zip*	Plum In 23059	@	Address Line2 City	GLEN ALLEN	⊘ State VA	0
** Enter Other (specify) if Organization Type is are mandatory	s Other				Undate	Next -



Select the Returns & Wastages & Transfers Tab.

ORGANIZATION CONTACTS	Agreements	Orders 8 Review & Submit Inventor	y <u>Orders History</u>	Returns & Wastages & Transfers	<u>Returns &</u> Wastages & Transfers History	
General						
Organization Name*	Jessi Test1		Organization Type* Other (specify) **	Employee Health		✓ @
(for existing accounts) Are you a VFC/VFA Provider?*	● Yes ○ No @		If Yes, what is your VFC/VFA Pin	7886	Step 3	
with VIIS or want to?* Phone #*	O Yes ● No @		ex:(123) 456-7890 Alt Phone #			
Physical Address			Address Line 2			
Zip*	23059		City	GLEN ALLEN	State VA	
** Enter Other (specify) if Organization Type is Other						
are mandatory					Upda	ate Next



Select the Transfers dropdown.





Fill in Transfers grid info.

ansfers		
Vaccine Transfers		
Note: VFC/VFA Vaccines Transfers are only allowed between providers actively enr	olled in the VFC/VFA program.	
Select the Vaccine Type Pediatric O Adult		
Vaccine Select Vaccine 🗸	Brand Name Select Brand Name	✓ Unit Shipping Size Select Unit Shipping size ✓
NDC Code	Lot#	Expiration Date
Quantity Transfered	Transfer Reason Select Transfer Reason	✓
Address	City	Zip
Provider Name	Provider PIN	Date Transferred
Add Vaccine Clear		Step 5
Contract Type Vaccine Brand Name NDC Code Unit Ship	ping Size Lot Number Quantity Transferred in Doses	Expiration vate Iranster keason Provider PIN Provider Name City Z
No Records found		



Fill in the Transfer to Details info.

Note: VFC/VFA Vacci Select the Vaccine Type	nes Transfers are only allowed between providers actively e	nrolled in the VFC/VFA pro	gram.			
Vaccine	Covid-19 (Age 12 years and older)	Brand Name	Comirnaty®	✓ Unit Shipping	Size 10 pack- 1 dose vial	~
NDC Code	00069-2362-10	Lot#	1234567	Expiration Da	te 04/10/2024	
Quantity Transfered	1 2	Transfer Reason	Compliance Issue	~		
Transfer To D Address Provider Name	etails 101 Main St ESHD- EASTERN SHORE HEALTH DISTRICT-ACC	City ON Provider PIN	GLEN ALLEN 001A	Zip Date Transferre	23059 04/09/2024	
	Clear					
Add Vaccine Contract Type	Vaccine Brand Name NDC Code Unit Sh	ipping Size Lot Nur	nber Quantity Transferred in Doses	Expiration Date Trans	fer Reason Provider PIN	Provider Name City Z



Type in the first numeral of the address and click the Tab button on your keyboard to select your address options.

IZATION CON	TACTS	<u>Agreements</u>	REVIEW & SUBMI	<u>Orders &</u> <u>Inventory</u>	OR	ders Histo		<u>STAGES &</u>		<u>NSFERS</u> FORY		
ums												
stages												
nsfers												
								ing list				
accine Transfers					Please s	elect Addres	s from follow	ing usi.				
Vaccine Transfers	Transfers are only allow	ed between providers a	actively enrolled in the VFC/	VFA program.	Zip	AddressLn1	AddressLn2	ing ust. PIN (City	Sta		
Vaccine Transfers Note: VFC/VFA Vaccines Vaccine* NDC Code* Quantity Transferred in	Transfers are only allow Covid-19 (Age 12 yea 00069-2377-10	ed between providers a	actively enrolled in the VFC/	VFA program. Brand Name* Lot#* Transfer Reason*	Zip 23093	AddressLn1 101 WOOLFOLK AVE.	AddressLn2 SUITE 202	109A	City LOUISA	Sta VA	ipping Size* ion Date*	10
Vaccine Transfers Note: VFC/VFA Vaccines Vaccine* NDC Code* Quantity Transfered in Doses*	Transfers are only allow Covid-19 (Age 12 yea 00069-2377-10 12 ails	ed between providers a rs and older)	actively enrolled in the VFC/	VFA program. Brand Name* Lot#* Transfer Reason*	Zip 23093 23224	AddressLn1 101 WOOLFOLK AVE. 101 COWARDIN AVE	AddressLn2 SUITE 202 SUITE 302	PIN 109A	City LOUISA RICHMOND	Sta VA VA	pping Size* ion Date*	10 06/
Vaccine Transfers Note: VFC/VFA Vaccines Vaccine* NDC Code* Quantity Transfered in Doses* Transfer To Deta Address*	Transfers are only allown Covid-19 (Age 12 yea 00069-2377-10 12 ails	ed between providers a	actively enrolled in the VFC/	VFA program. Brand Name* Lot#* Transfer Reason* City*	Zip 23093 23224	AddressLn1 101 WOOLFOLK AVE. 101 COWARDIN AVE 1015	AddressLn2 SUITE 202 SUITE 302	PIN 109A 1	City LOUISA RICHMOND	Str VA VA	pping Size* ion Date*	



New Vaccine Transfer info appears.

Transfers											
Vaccine Transfers											
Note: VFC/VFA Vaccines Transfers are only allowed between providers actively e	nrolled in the VFC/VFA prog	gram.									
Select the Vaccine											
Vaccine Soloct Vaccino	Brand Name	Select Brand Name		La Unit Sh	inning Size	Soloct Unit Shin					
NDC Code	Lot#	Select Drand Name		Expirat	ion Date	Select Onit Ship	ping size		•		
Quantity Transfered	Transfer Reason	Select Transfer Reas	on	~							
in Doses											
Transfer To Details					Stor	ר <u>א</u>				_	
Address	City			Zip	Ole	50					
Provider Name	Provider PIN			Date Tra	nsferred						
				/							
				¥							
Contract Type Vaccine Brand Name	NDC Code	Unit Shipping Size	Lot Number	Quantity Transferred in Doses	Expiration Date	Transfer Reason	Provider Pin	Provider Name	City	Zip	
								ESHD- EASTERN			
Pediatric Covid-19 (Age 12 years Comirnaty®	00069-2362-10	10 pack- 1 dose vial	1234567	2	04/10/2024	Compliance Issue	001A	SHORE HEALTH	GLEN ALLEN	23059	
								DISTRICT-			
	1	1	1		1			1	1		



Check the Other Details box.





Select Save button.





Select Ok button.





Exporting & Printing New Vaccine Transfers Details







Select Transfers History dropdown





Select Vaccine Transfers History info.

Transfers History		
Vaccine Transfers History		
Transfer Status Pending Review	Date From	Date To
Reported By(Email)	Transfer to Provider	Transfer to PIN
Search Transfers Clear		
	Step 14	



Select Search Transfers button.

Transfers History													
Vaccine Transfer	Vaccine Transfers History												
Transfer Status	Pending Review ~	Date From	Date To										
Reported By(Email)		Transfer to Provider	Transfer to PIN										
Search Transfers	Clear												
	Step 15												

After Transfers appear, select details link.

		Transfer Number	Date Reported	<u>Reported By</u>	<u>Transfer Status</u>	Transfer to PIN	Transfer to Provider Name
\square	<u>Detail</u>	<u>s</u> 7	04/11/2024	tasudhindra@deloitte.com	Pending Review	001A	ESHD- EASTERN SHORE HEALTH DISTRICT-ACCOMACK
	<u>Detail</u>	<u>is</u> 6	04/11/2024	tasudhindra@deloitte.com	Pending Review	A4B,770I	Carilion Children's Tanglewood Center- Adolescent Medicine,ROAHD-Roanoke City Health Department
	<u>Detail</u>	Details 3 04/09		iessi.test@gmail.com	Pending Review	001A	ESHD- EASTERN SHORE HEALTH DISTRICT-ACCOMACK
	<u>Detail</u>	<u>ls</u> 2	Stop 16	@gmail.com	Pending Review	001A	ESHD- EASTERN SHORE HEALTH DISTRICT-ACCOMACK
	1 to 4 o	f 4 Page Size: 10	Step to				



After Transfers Details box appears, select Print button.

Tran	sfer Detai	ls														
ſ	Details for Transfer Number:7														-	
	Contract Type	Vaccine	Brand Name	NDC Code	Unit Shipping Size	Lot Number	Quantity Transferred in Doses	Expiration Date	Transfer Reason	Provider PIN	Provider Name	Provider Address	City	Zip	Transferred Date	
	Pediatric	Covid-19 (Age 5 years through 11 years)	COVID-19 Vaccine	59267- 4331-02	10 pack- 1 dose vial	1141F	16	05/03/2024	Non vaccine product	001A	ESHD- EASTERN SHORE HEALTH DISTRICT- ACCOMACK	101 Main St	GLEN ALLEN	23059	05/07/2024	
т	ransfer Stat	tus Pending Rev	view		∽ Rev	iewed Date N	/A			Re	viewed by	N/A				
A P	dditional A rovider	dmin Comments	for CDC And													
													11			
	Print															
															Ca	ncel
			Step	17												



Your Vaccine Transfers details will download as an excel file to your computer. Print it out and place it in the box you are sending.

	Virginia Departm	ent of Health - VERIP	Registration System	Downloads	"□ ♀ … ৵
Home Existing Registrations Mandate Pre Registration				Transfers4_11_2024 2_45_05 PM	1.xlsx
VIIS Registration for ROAHD-Roanoke City Health Department	ment			Transfers4_11_2024 2_44_24 PM Open file	l.xlsx
	RETURNS &			Transfers4_11_2024 8_44_11 PM Open file	1.xlsx
ORGANIZATION AGREEMENTS Transfer Details	WASTAGES &	IRANSEERS		Returns4_11_2024 2_39_ Removed	Sten 18
Details for Transfer Number:7				See more	
Contract Vaccine Brand Wastages History Name	NDC Unit Code Shipping Lot Number Size	Quantity Expiration Transfer Pro Transferred Date Reason PIN in Doses	vvider Provider Provider I Name Address	Zip Date	
Vaccine Transfers History Covid-19 (Age 5 years through 11 years) COVID-19 Vaccine Transfer Status Pending R Covid-19 (Age 5 years through 11 years) COVID-19 Vaccine	59267- 10 pack- 1 4331-02 dose vial 1141F	16 05/03/2024 Non vaccine product 007	A BEND- EASTERN SHORE 101 Main GLEN HEALTH St ALLEN DISTRICT- ACCOMACK	23059 05/07/2024	
Reported By(Email) Search Transfers Clear Clear	Reviewed Date N/4	A	Reviewed by N/A		
Additional					
Details 7 Details 6 Details 3 Details 2 1 to 4 of 4. Page Size: [10 v]				Z IOMACK Scent IOMACK Cancel	
* are mandatory					



Live Demo





New Vaccine Transfers Review

As a reminder, as a Provider you should have full editing access to the following:

- Vaccine Transfers
- Vaccine Transfers Grid
- Other Details
- Exporting & Printing New Vaccine Transfer Details



VFC/VFA Vaccine Ordering

New Vaccine Wastages



New Vaccine Wastages Introduction

As a Provider you should have full editing access to the following:

- Vaccine Wastages
- Vaccine Wastages Grid
- Other Details



Vaccine Wastages



After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Region	Program	
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



The Organization page will appear. Be careful not to change the VIIS Code & VFC/VFA Pin.

ORGANIZATION CONTACTS	Agreements Review & Submit Inventory	Orders History	Returns & Wastages & Vastages & Transfers Ransfers History	
Organization Name* VIIS Org Code (for existing accounts) Are you a VFC/VFA Pr Already exchange dat with VIIS or want to?* Phone #* ex:(123) 456-7890	Jessi Test1 @ 7886 @ ep 2 (767) 565-6545 -	Organization Type* Other (specify) ** If Yes, what is your VFC/VFA Pin Fax # ex:(123) 456-7890 Alt Phone # ex:(123) 456-7890	Employee Health 7886	
Physical Address Address Line1*	Plum In	Address Line2		
Zip* ** Enter Other (specify) if Organization Type is Other	23059	City	GLEN ALLEN State VA	



Select the Returns & Wastages & Transfers Tab.

Organization Contacts	Agreements	Review & Submit Invent	<u>&</u> DRY ORDERS HISTORY	RETURNS & WA WASTAGES & TRA TRANSFERS HIS	<u>rurns &</u> <u>stages &</u> <u>ANSFERS</u> <u>STORY</u>	
General						
Organization Name*	Jessi Test1		Organization Type*	Employee Health	<u> </u>	✓ @
(for existing accounts) Are you a VFC/VFA Provider?*	● Yes ○ No @		If Yes, what is your VFC/VFA Pin	7886	Step 3	
Already exchange data electronically with VIIS or want to?*	🔿 Yes 🖲 No 🥥		Fax # ex:(123) 456-7890			
Phone #* ex:(123) 456-7890	(767) 565-6545	-	Alt Phone # ex:(123) 456-7890			·
Physical Address						,
Address Line1*	Plum In		Address Line2			
Zip*	23059		City	GLEN ALLEN	State VA	\bigcirc
** Enter Other (specify) if Organization Type is Other						
ire mandatory					Update	Next



Select the Wastages dropdown.





Fill in Wastages grid info.

Wastages		
Vaccine Wastages		
Note: Vaccine Wastage includes basardous and lost vaccines that should be reported	d but not returned. Hazardous vaccine includes open vials, broken vials, and attached need	dles.
Select the Vaccine Type		
Vaccine Select Vaccine 🗸	Brand Name Select Brand Name 🗸	Unit Shipping size Select Unit Shipping size
NDC Code	Lot#	Expiration Date
Quantity Wasted in Doses	Wastage Reason V	
Add Vaccine Clear		
Contract Type Vaccine Brand Name Unit Ship	oping Size NDC Code Lot Number Quantity Wasted in	Doses Expiration Date Wastage Reason
No Records found		
		Step 5



Check the Other Details box.

Vaccine Vac	Wastages)	andour and lost vaccines that she	uld be reported b	but not roturned. Has	ardaus vassias includer		and attached poor	lor			
Select the Type	e Vaccine	 Pediatric 	• Adult	uta be reported t	but not returned. Haz	ardous vaccine includes	s open viais, broken viai	s, and attached need	les.			
Vaccine		Select Vaccir	ne	~	Brand Name Select Brand Name VInit Shipping size Select Unit				Select Unit Shipping size	Shipping size 🗸		
NDC Code	NDC Code					Expiration Date						
Quantity Doses	Wasted in				Wastage Reason	Select Wastage Re	ect Wastage Reason					
Add Va	accine (Clear										
	Contrac	t Type	Vaccine	Brand Name	Unit	Shipping Size	NDC Code	Lot Numb	ег	Quantity Wasted in Doses	Expiration Date	Wastage Reason
×	Pediatrio	c	Covid-19 (Age 12 years and older)	Comirnaty®	10 pa	ack- 1 dose vial	00069-2362-10	123456		2	03/28/2024	Broken Vial/Syringe
Other De	etails		Step 6									
🗹 l have	read the no	ote above and	understand what qualifies as h	azardous vaccine	e. I acknowledge that	t hazardous vaccine wi	ll not be returned.					
Save												



Select Save button.

Va	ccine W	astages										
No	Note: Vaccine Wastage includes hazardous and lost vaccines that should be reported but not returned. Hazardous vaccine includes open vials, broken vials, and attached needles.											
Select the Vaccine Type Pediatric O Adult												
Va	iccine	Select	Vaccine	~	Brand Name	Select Brand Name)	~	Unit Shipping size	Select Unit Shipping size		~
N	OC Code				Lot#				Expiration Date			
Qu	uantity Wa oses	asted in			Wastage Reason	Select Wastage Re	ason	~				
	Add Vaco	ine Clear										
		Contract Type	Vaccine	Brand Name	Unit Sl	nipping Size	NDC Code	Lot Num	ber	Quantity Wasted in Doses	Expiration Date	Wastage Reason
	×	Pediatric	Covid-19 (Age 12 years and older)	Comirnaty®	10 pac	k- 1 dose vial	00069-2362-10	123456		2	03/28/2024	Broken Vial/Syringe
	Other Details Other Details I have read the note ab Save Step 7 azardous vaccine. I acknowledge that hazardous vaccine will not be returned.											



Select Ok button.





Live Demo




New Vaccine Wastages Review

As a Provider you should have full editing access to the following:

- Vaccine Wastages
- Vaccine Wastages Grid
- Other Details



VFC/VFA Vaccine Ordering

New Vaccine Returns



New Vaccine Returns Introduction

As a Provider you should have full editing access to the following:

- Vaccine Returns
- Vaccine Returns Grid
- Shipping and Other Details
- Exporting & Printing New Vaccine Returns Details



Vaccine Returns



After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
-	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



Select the Returns and Wastage Transfers Tab.

Organization Contacts	Agreements Review & Submit Inventor	ORDERS HISTORY	Returns & Wastages & Transfers History
General			
Organization Name*	Jessi Test1	Organization Type*	Employee Health
VIIS Org Code (for existing accounts)	7886	Other (specify) **	Stop 2
Are you a VFC/VFA Provider?*	● Yes ○ No 🥥	If Yes, what is your VFC/VFA Pin	
Already exchange data electronically with VIIS or want to?*	○Yes ® No 🥥	Fax # ex:(123) 456-7890	
Phone #* ex:(123) 456-7890	(767) 565-6545 -	Alt Phone # ex:(123) 456-7890	
Physical Address			
Address Line1*	Plum In	Address Line2	
Zip*	23059	City	GLEN ALLEN 💿 State VA
** Enter Other (specify) if Organization Type is Other			
are mandatory			Update Next



Vaccine Returns Grid



Select the Returns dropdown.





Review the Returns sub sections.

ZATION C	Contacts	Agreements	<u>Review & S</u>	<u>Orders &</u> JBMIT INVENTORY	Orders History	<u>Returns &</u> Wastages & Transfers	<u>Returns &</u> Wastages & Transfers History		
							Expand All Sections Col	llapse All Sections	
rns	_								
ccine Returns ote: The informati our spam folder. Ti vailable by email i ox to your UPS driv	ion reported on this form he unique UPS return labe in about 15-30 minutes aft ver. Please allow three bu	is recorded in CDC's orde I will be emailed from U ter the return is approve siness days for the Order so of collection	ring system. Once ente PS Quantum View [pkgi d by VDH. Check the sp Center to process the fact credit	red, McKesson will send a UPS R nfo@ups.com] to the contact en am folder before contacting the	eturn Label via email for expired a nail address. The subject of the er Order Center. Place the label on t ne (open viats, broken viats, atte	r spoiled (non-hazardou ail with the return labe re box with a printed co of needles) should be r	s) vaccine. If a return label is not received via en l will be titled "UPS Label Delivery, ." Return lab py of this form (see below) to serve as a packing eported as wastage but not returned. The return	nail, check els should be slip. Give the label is to be	
elect the Vaccine pe	Pediatric Adult	se of the thing the exci	se tax creuit.						
ecine	Select Vaccine		✓ Brand Nar	Select Brand Name	~	Unit Shipping size	Select Unit Shipping size	~	
)C Code			Lot#			Expiration Date		<u> </u>	
ianticy Returned Doses			Return Ty	Return Only	~	Return Reason	Select Return Reason	~	
Add Vaccine	Clear								
Contract Type	Vaccine Bra	and Name Unit S	hipping Size	NDC Code Lot Number	Quantity Returned in Dose	Expirat	ion Date Return Type Return R	eason	
o Records found								🗋	
ipping and Ot	her Details								Step
umber of Labels			Label Ship	ping EMAIL	~	Label Recipient	Select Label Recipient Email	→	
I have read the	note above and understa	nd what qualifies as ha	zardous vaccine. I ack	nowledge that hazardous vaccir	ne will not be returned.	Linda			
Save		4		0					
Save									



Input the info into the sub sections.

ZATION	Contacts Agreements	Review & Submit	Orders & Inventory	Orders History	Wastages & Transfers	Transfers History	
						Expand All Sections Col	llapse All Sections
ns							
cine Retur	rns						
x to your UPS c ed for non-haz elect the Vaccio pe	driver. Please allow three business days for the Order 6 ardous vaccine for the purpose of contecting the excise ine © Pediatric O Adult	tax credit.	e return. Hazardous vaccino	e (open vials, broken vials, attac	ed needles) should be re	<u>ported as wastage but not returned.</u> The return	label is to be
/accine	Covid-19 (Age 12 years and older)	✓ Brand Name	Comirnaty®	~	Unit Shipping size	10 pack- 1 dose vial	~
	00069-2362-10	Lot#	12345		Expiration Date	02/29/2024	
IDC Code	00000 2002 10				Roturn Roason		
IDC Code Juantity Retorne	red 3	Return Type	Return Only	¥	Return Reuson	Mechanical failure	
DC Code Juantity Retorn Doses	ed 3	Return Type	Return Only	¥	Return Reuson	Mechanical failure	
IDC Code Quantity Retorn n Doses Add Vaccine	red 3 Clear	Return Type	Return Only	~	Return Reuson	Mechanical failure	
NDC Code Quantity Return n Doses Add Vaccine Contract Typ	Dee Vaccine Brand Name Unit Shi	Return Type pping Size NDC C	Return Only ode Lot Number	Quantity Returned in Dose	Expiration	Mechanical failure	eason



Select Add Vaccine Button to save the info.

ANIZATION CONTACTS AGREEMENTS R	eview & Submit	Orders & Inventory	<u>Orders History</u>	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u>	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u> <u>History</u>	
					<u>Expai</u>	nd All Sections Collapse All Sections
Returns						
Vaccine Returns						
used for non-hazardous vaccine for the purpose of collecting the excise tax cre Select Type Step 6 Vaccine	Brand Name	Comirnaty®		Unit Shipping size	10 pack- 1 dose vial	
NDC Code 00069-2362-10	Lot#	12345		Expiration Date	02/29/2024	
Quantity Returned 3	Return Type	Return Only	~	Return Reason	Mechanical failure	~
Add Vaccine Clear						
Contract Type Vaccine Brand Name Unit Shipping S	ize NDC Coo	de Lot Number	Quantity Returned in Doses	Expiratio	on Date Return Ty	ype Return Reason
No Records found						



Once saved, the new vaccine return will appear on the screen.

ZATION	<u>Contacts</u>	Agreements	<u>Review & S</u>	Orders & UBMIT Inventory	Orders History	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u>	<u>Wastages &</u> <u>Transfers</u> <u>History</u>	
							Expa	and All Sections Collapse All Se
ns								
cine Retur	'ns							
k to your UPS d ed for non-haza	driver. Please allow thr ardous vaccine for the	ee business days for the Orc purpose of collecting the ex	Ier Center to process the ccise tax credit.	vaccine return. Hazardous vaccine	e (open vials, broken vials, atta	iched needles) should be re	eported as wastage but not	returned. The return label is to
lect the Vaccii pe	ne	lult						
elect the Vaccio pe accine	ne Pediatric O Ad Select Vaccine	lult	✓ Brand Nar	ne Select Brand Name	~	Unit Shipping size	Select Unit Shipping siz	e 🗸
Plect the Vacciu pe ccine)C Code	ne	lult	✓ Brand Nar Lot#	ne Select Brand Name	~	Unit Shipping size Expiration Date	Select Unit Shipping siz	e 🗸
elect the Vacci pe .ccine)C Code lantity Returne	ne Pediatric O Ad Select Vaccine		✓ Brand Nar Lot# Return Ty	me Select Brand Name	~	Unit Shipping size Expiration Date Return Reason	Select Unit Shipping siz	• • •
elect the Vacci rpe iccine)C Code Jantity Returne Doses Add Vaccine	ne © Pediatric O Ad Select Vaccine Med S Clear	itep 7	✓ Brand Nar Lot# Return Ty	me Select Brand Name	~	Unit Shipping size Expiration Date Return Reason	Select Unit Shipping siz	ve v
elect the Vacci pe DC Code DC Code Uantity Return Doses Add Vaccine	ne Pediatric O Ad Select Vaccine Med S Clear Sontract Type	tep 7	Brand Nar Lot# Return Ty Brand Name	me Select Brand Name pe Return Only Unit Shipping Size	NDC Code Lot N	Unit Shipping size Expiration Date Return Reason	Select Unit Shipping siz	urn Type Return Reason



Select the red x.

IZATION	<u>Contacts</u> <u>Agreement</u>	<u>s R</u>	eview & Submi	<u>Orders &</u> T <u>Inventory</u>	Orders Hist	ORY	<u>Returns &</u> Wastages & Transfers	<u>Returns &</u> Wastages <u>Transfers</u> <u>History</u>	<u>&</u>	
									Expand All Section	ns <u>Collapse All Secti</u>
turns										
available by email box to your UPS dr used for non-hazar Select the Vaccine Type	I in about 15-30 minutes after the return is app river. Please allow three business days for the 0 rdous vaccine for the purpose of collecting the Pediatric O Adult	roved by VDH Order Center t excise tax cre	. Check the spam fol to process the vaccin edit.	der before contacting the Or e return. Hazardous vaccine	der Center, Place the (open vials, broken vi	label on the als, attache	box with a printed cop d needles) should be re	iy of this form (see b ported as wastage bi	elow) to serve as a ut not returned. Th	packing slip. Give the e return label is to be
Vaccine	Select Vaccine	~	Brand Name	Select Brand Name		~	Unit Shipping size	Select Unit Shippir	ng size	~
NDC Code			Lot#				Expiration Date			
Quantity Returned	d		Return Type	Return Only		~	Return Reason	Select Return Rea	00	
in Doses							Recurriccuson	Delect Neturn Nea	5011	~
Add Vaccine	Clear						Recard Reason	Select Ketulin Kea	5011	~
Add Vaccine	Clear ntract Type Vaccine	Brand Na	me Un	it Shipping Size	NDC Code	Lot Numbe	Quantity er Returned in Doses	Expiration Date	Return Type	▼ Return Reason



Select the Clear button to remove the info.

ATION	Contacts	Agreements	RE	VIEW & SUBMI	Orders & Inventory	Orders Hist	TORY	<u>Returns &</u> Nastages & Iransfers	Wastages Transfers History	<u>8</u>	
										Expand All Section	ons <u>Collapse All</u>
S											
ine Retu	rns										
: The inform	nation reported on this	form is recorded in CDC's o	ordering system	n. Once entered, A	AcKesson will send a UPS Ret	urn Label via email fo	or expired or s	poiled (non-hazardou) vaccine. If a return	label is not receiv	ved via email, chec
spam folde	r. The unique UPS retur	n label will be emailed from	m UPS Quantur	n View [pkginfo@u Check the spam fo	ips.com] to the contact ema Ider before contacting the O	il address. The subject	t of the emai	l with the return labe	will be titled "UPS L	abel Delivery, ." R	eturn labels should
to your UPS	driver. Please allow th	ree business days for the Or	rder Center to	process the vaccir	ne return. Hazardous vaccine	open vials, broken v	/ials, attache	i needles) should be r	eported as wastage b	ut not returned. T	he return label is t
d for non has	zardous vaccine for the	purpose of collecting the o	welco tow avad	i.		1 T T		,			
u for non-ha	cardous vacenie for the	purpose of contecting the e	excise tax cred	IC.							
ect the Vacc	ine	purpose of contecting the e.	excise tax cred	π.							
ect the Vacc e	ine	dult	excise tax creu	it.							
ect the Vacc e cine	Pediatric O A Select Vaccine	dult		Brand Name	Select Brand Name		~	Unit Shipping size	Select Unit Shippi	ng size	~
ect the Vacc be ccine	Pediatric O Ar Select Vaccine	dult		Brand Name	Select Brand Name		~	Unit Shipping size	Select Unit Shippi	ng size	~
ect the Vacc ect the Vacc cine C Code	Pediatric O Ar Select Vaccine	dult		Brand Name Lot#	Select Brand Name		~	Unit Shipping size Expiration Date	Select Unit Shippi	ng size	~
ect the Vacc ect cine Code ntity Return	Pediatric O Ad Select Vaccine	dult		Brand Name Lot# Return Type	Select Brand Name		*	Unit Shipping size Expiration Date Return Reason	Select Unit Shippi	ng size	~
ect the Vacc e cine Code antity Return loses	Pediatric O Ar Select Vaccine	dult		Brand Name Lot# Return Type	Select Brand Name		~	Unit Shipping size Expiration Date Return Reason	Select Unit Shippi	ng size	~
ect the Vacc e cine Code antity Return loses dd Vaccine	Pediatric O Ar Select Vaccine	dult		Brand Name Lot# Return Type	Select Brand Name		>	Unit Shipping size Expiration Date Return Reason	Select Unit Shippi	ng size	~
ect the Vacco ecine C Code antity Return Doses	Pediatric O Ad Select Vaccine	dult Step	<u>→</u>	Brand Name Lot# Return Type	Select Brand Name		✓	Unit Shipping size Expiration Date Return Reason	Select Unit Shippi	ng size	~ ~
ect the Vacco ecine C Code antity Return Doses	Pediatric O Ad Select Vaccine	dult Step	9	Brand Name Lot# Return Type	Select Brand Name		~	Unit Shipping size Expiration Date Return Reason Quantity	Select Unit Shippi	ng size	~
ect the Vacc ectine C Code antity Return loses	e Pediatric O Au Select Vaccine Clear	dult Step Vaccine	9 Brand Nam	Brand Name Lot# Return Type	Select Brand Name Return Only	NDC Code	V V Lot Numbe	Unit Shipping size Expiration Date Return Reason Returned ir Returned ir	Select Unit Shippi	ng size ason Return Type	✓ ✓ Return Reaso
Add Vaccine	e Pediatric O Au Select Vaccine Clear ontract Type	dult Vaccine	9 Brand Nam	Brand Name Lot# Return Type e Ur	Select Brand Name Return Only	NDC Code	✓ ✓ Lot Numbe	Unit Shipping size Expiration Date Return Reason er Quantity er Returned ir Doses	Select Unit Shippi Select Return Rea	ng size	✓ ✓ Return Reasor



Once cleared, the screen will return to a blank form.

			Orders &		<u>Returns &</u> Wastages &	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u>		
<u>IZATION</u>	<u>Contacts</u> <u>Agreements</u>	REVIEW & SUBMIT	<u>Inventory</u>	<u>Orders History</u>	TRANSFERS	HISTORY		
						Expand All Sectio	ns Collapse All Sections	
rns								
accine Returr	ns							
vailable by email ox to your UPS d sed for non-haza	I in about 15-30 minutes after the return is approved to Iriver. Please allow three business days for the Order G ardous vaccine for the purpose of contecting the excise	by VDH. Check the spam fold enter to process the vaccine tax credit.	er before contacting the (return. Hazardous vaccin	Order Center, Place the label on t ne (open vials, broken vials, attacl	e box with a printed co ed needles) should be re	by of this form (see below) to serve as a ported as wastage but not returned. The ported as wastage but not returned.	a packing slip. Give the he return label is to be	
Type	Dedistric Adult							
ype /accine	Pediatric O Adult Covid-19 (Age 12 years and older)	✓ Brand Name	Comirnaty®	~	Unit Shipping size	10 pack- 1 dose vial		
Vaccine NDC Code	Pediatric O Adult Covid-19 (Age 12 years and older) 00069-2362-10	✓ Brand Name Lot#	Comirnaty® 12345	~	Unit Shipping size Expiration Date	10 pack- 1 dose vial		
Vaccine NDC Code Quantity Retorne	Pediatric O Adult Covid-19 (Age 12 years and older) 00069-2362-10 3	 Brand Name Lot# Return Type 	Comirnaty® 12345 Return Only	~	Unit Shipping size Expiration Date Return Reason	10 pack- 1 dose vial 02/29/2024 Mechanical failure		
Vaccine NDC Code Quantity Retorne in Doses	Pediatric O Adult Covid-19 (Age 12 years and older) 00069-2362-10 3	 Brand Name Lot# Return Type 	Comirnaty® 12345 Return Only	✓	Unit Shipping size Expiration Date Return Reason	10 pack- 1 dose vial 02/29/2024 Mechanical failure		
Vaccine Vaccine NDC Code Quantity Returne in Doses Add Vaccine	Pediatric O Adult Covid-19 (Age 12 years and older) 00069-2362-10 d 3 Clear	Brand Name Lot# Return Type	Comirnaty® 12345 Return Only	▼	Unit Shipping size Expiration Date Return Reason	10 pack- 1 dose vial 02/29/2024 Mechanical failure		
Vaccine Vaccine NDC Cade Quantity Returns in Doses Add Vaccine Contract Type	e Vaccine Brand Name Unit Ship	Brand Name Lot# Return Type pping Size NDC Co	Comirnaty® 12345 Return Only ode Lot Number	✓ ✓ Quantity Returned in Doses	Unit Shipping size Expiration Date Return Reason Expirati	10 pack- 1 dose vial 02/29/2024 Mechanical failure on Date	Return Reason	



Shipping and Other Details



Input the Shipping and Other Details Info.

Shipping and Other Details						
Number of Labels 2	Label Shipping Method	EMAIL	~	Label Recipient Email	primtest@gmail.com	
I have read the note above and under	rstand what qualifies as hazardous vaccine. I acknowledg	e that hazardous vaccine will not be returned.				
Save						
						Sten 11



Check the verification box.

Shipping and Other Details						
Number of Labels 2	Label Shipping Method	EMAIL	~	Label Recipient Email	primtest@gmail.com	~
Save	nazardous vaccine. I acknowledg	e that hazardous vaccine will not be re	eturned.			
Step 12						



Select the Save button.

Shipping and Other Details						
Number of Labels 2	Label Shipping Method	EMAIL	~	Label Recipient Email	primtest@gmail.com	~
I have read the note above and understand what qualifies as hazardous v	accine. I acknowledg	ge that hazardous vaccine will not be return	ned.			
Save						
Step 13						



Select the Ok button.





Exporting & Printing New Vaccine Returns Details



Next select the Returns & Wastages & Transfers History Tab.





Select Pending from the Return Status dropdown.

RGANIZATION CONTACTS	Agreements	Review & Subm	<u>Orders &</u> It <u>Inventory</u> Order	RETURNS & RETURNS & WAST Wastages & Tran Rs History Transfers History	<u>RNS &</u> Ages & SFERS DRY	
					E	xpand All Sections Collapse All Sections
Returns History						
Vaccine Returns History						
Return Status		Return 1	Select Return Type	Label Recipient	Select Label Recipient Em	nail 🗸
Reported By(Email)		Date Fro	om	Date To		
Search Returns Clear						
<u>Return Number</u>	<u>Date</u> <u>Reported</u> <u>Nu</u>	Step 16	<u>bel Recipient Email</u>	<u>Reported By</u>	<u>Return Status</u>	<u>Return Type</u>
Details 7	03/01/2024 1		ssi.test@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
Details 6	03/01/2024 1		jessi.test@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
Details 5	02/29/2024 1		jessi.test@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
Details 4	02/29/2024 1		jessi.test@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
Details 11	03/15/2024 1		jessi.test@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
1 to 5 of 5 Page Size: 10 🗸	· · · ·		· · · · · · · · · · · · · · · · · · ·	·		
Wastages History						

Transfers History



Select the Search returns button.

	Acheemente	DEVIEW & SUBMIT	ORDERS &	RETURNS & WASTAGES & TRANSFERS	RETURN WASTAG TRANSF	<u>s &</u> <u>BES &</u> E <u>RS</u>	
<u>CONTACTS</u>	AGREEMENTS			IS TILS TOKY	IIISTOR	<u>E</u>	xpand All Sections Collapse All S
rns History							
ccine Returns History							
eturn Status Pending Review	1	✓ Return Type	Select Return Type	~	Label Recipient Email	Select Label Recipient En	nail 🗸
eported By(Email)		Date From			Date To		
Search Returns Clear							
Return: Number	<u>Date</u> <u>Reported</u> <u>Number Of La</u>	bels	Label Recipient Email	<u>Reported By</u>		<u>Return Status</u>	<u>Return Type</u>
Details 7	03/01/2024 1	1	jessi.test@gmail.com	jessi.test@gmail.com		Pending Review	Return Only
Details 7 Details 6	03/01/2024 1	: [jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review	Return Only Return Only
Details 7 Details 6 Details 5	03/01/2024 1 03/01/2024 1		jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review Pending Review	Return Only Return Only Return Only
Details 7 Details 6 Details 5 Details 4	03/01/2024 1 03/01/2024 1 Step 17	د د د ز	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review Pending Review Pending Review	Return Only Return Only Return Only Return Only
Details 7 Details 6 Details 5 Details 4 Details 11	03/01/2024 1 03/01/2024 1 Step 17		jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review Pending Review Pending Review Pending Review	Return Only Return Only Return Only Return Only Return Only Return Only
Details 7 Details 6 Details 5 Details 4 Details 11 to 5 of 5 Page Size: 10 ✓	03/01/2024 1 03/01/2024 1 Step 17	: : : : : : : : : : : : : : : : : : :	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review Pending Review Pending Review Pending Review	Return Only Return Only Return Only Return Only Return Only Return Only
Details 7 Details 6 Details 5 Details 4 Details 11 to 5 of 5 Page Size: 10 ✓	03/01/2024 1 03/01/2024 1 Step 17		jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com	jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com jessi.test@gmail.com		Pending Review Pending Review Pending Review Pending Review Pending Review	Return Only Return Only Return Only Return Only Return Only Return Only



Select the Details link for your Vaccine Return.

GANIZATION CONTACTS A	<u>greements</u> <u>Review</u>	ORD	ers & NTORY ORD	<u>Return</u> Wastag Iransfi	<u>s &</u> <u>ES &</u> <u>ERS</u>	<u>Returns &</u> Wastages & Transfers History		
							Expand All Sectio	ns Collapse All Sections
Returns History								
Vaccine Returns History								
Return Status Pending Review	~	Return Type	Select Return Type		 Label Rec Email 	ipient Select Label F	Recipient Email	~
Reported By(Email)		Date From			Date To			
Search Returns Clear								
<u>Return Number Da</u>	<u>ate</u> ported <u>Number Of Labels</u>	<u>Label</u>	Recipient Email	<u>Reported By</u>		<u>Return Statu</u>	<u>is Retur</u>	<u>n Type</u>
Details 7		jessi.	test@gmail.com	jessi.test@gm	ail.com	Pending Revie	ew Retur	n Only
Details 6 Step	18	jessi.	test@gmail.com	jessi.test@gm	ail.com	Pending Revie	ew Retur	n Only
Details 5		jessi.	test@gmail.com	jessi.test@gm	ail.com	Pending Revie	ew Retur	n Only
Details 4 02	/29/2024 1	jessi.	test@gmail.com	jessi.test@gm	ail.com	Pending Revie	ew Retur	n Only
Details 1 03	/15/2024 1	jessi.	test@gmail.com	jessi.test@gm	ail.com	Pending Revie	ew Retur	n Only
1 to 3 of 5 Page Size: 10 🗸								
Wastages History								



The Returns Details window appears. Select the Print button.

Re	turn Details										
	Details for	Return Number: 11								-	*
	Contract Type	Vaccine	Brand Name	NDC Code	Lot Number	Quantity Returned in Doses	Expiration Date	Return Type	Return Reason		
	Pediatric	Covid-19 (Age 12 years and older)	Spikevax™	80777-0102-95	1243	2	03/14/2024	Return Only	Expired vaccine		
	Number of Labels	1	La	bel Shipping EMAII ethod	L	~	Label Recipient Email	jessi.test@gmail.com	~		
	Return Status	Pending Review	∨ Re	viewed Date N/A			Reviewed by	N/A			
	Review Comments						li				
	Print		Sten 19							Ŧ	r
									C	ancel	



Your Vaccine Returns details will download as an excel file to your computer. Print it out and place it in the returns box you are sending.





Select the Cancel button to exit the Return Details window.

eturn Details									
Details for	Return Number: 11								
Contract Type	Vaccine	Brand Name	NDC Code	Lot Number	Quantity Returned in Doses	Expiration Date	Return Type	Return Reason	
Pediatric	Covid-19 (Age 12 years and older)	Spikevax™	80777-0102-95	1243	2	03/14/2024	Return Only	Expired vaccine	
Number of Labels	f 1 Label Shipping EMAIL V Label Recipient jessi.te Method Email				jessi.test@gmail.com	~			
Return Status	Pending Review	∨ Re	viewed Date N/A			Reviewed by	N/A		
Review Comments						li			
Print					_				
						Step	21	Can	Icel



Live Demo





New Vaccine Returns Review

As a reminder, as a Provider you should have full editing access to the following:

- Vaccine Returns
- Vaccine Returns Grid
- Shipping and Other Details
- Exporting & Printing New Vaccine Returns Details



VFC/VFA Vaccine Ordering

Orders History (VERIP)

Orders History (VERIP) Introduction

As a Provider you should access to the following:

- Reviewing Orders
- Reviewing Order History Details



Reviewing Orders



Orders History (VERIP)

After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type Affiliation		Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount Pediatrician Carilion Health System		South West	VIIS	
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



Orders History (VERIP)

Select the Orders History Tab.

Organization Contacts	Agreements	Review & Submit Invi	<u>ders &</u> ' <u>entory</u>	ORDERS HISTORY	R <u>eturns & M</u> Vastages & Ti Transfers H	<u>eturns &</u> /astages 8 ransfers istory	k	
General								
Organization Name*	Jessi Test1			Organization Type*	Employee Health			✓ 🥥
VIIS Org Code (for existing accounts)	7886		0	Other (specify) **				
Are you a VFC/VFA Provider?*	● Yes ○ No @			If Yes, what is your VFC/VFA Pin	Stan 2			
Already exchange data electronically with VIIS or want to?*	⊖Yes ®No 🥝			Fax # ex:(123) 456-7890				
Phone #* ex:(123) 456-7890	(767) 565-6545			Alt Phone # ex:(123) 456-7890			- [
Physical Address								
Address Line1*	Plum In			Address Line2				
Zip*	23059	0		City	GLEN ALLEN	0	State VA	
** Enter Other (specify) if Organization Type is Other								
e mandatory							Update	Next



Orders History (VERIP)

The Search Orders sub-section appears.

ORGANIZATION CONTACTS AGREEMENTS REVIEW & SUBMIT IN	RDERS & <u>Wastages &</u> <u>Wentory</u> Orders History Transfers <u>History</u>
VERIP Orders Non-VERIP Orders Search Orders	
Ordering 20C Order Status Orders From Orders To	Select Order Status Order Number
	Stop 2
* are mandatory	


Fill out Search Orders sub sections. Select Search Orders Button.

Organization Contacts	Agreements <u>Revi</u>	Step 4	Return Wasta Orders History Transf	RETURNS & WASTAGES & AGES & TRANSFERS FFERS HISTORY	
Search Orders					
Ordering POC Orders From Search Orders Clear		Order Status Pending Review Orders To	~	Order Number	
* are mandatory					
Step 5					



If you have orders fitting the status you searched, they will appear.

Organization Contacts	Agreements	Orders Review & Submit	& RY ORDERS HISTORY TRA	Returns & Urns & Wastages & Stages & Transfers NSFERS History	
VERIP Orders O Non-VERIP Orders Search Orders					
Ordering POC Orders From Search Orders Cloar		Order Status Per Orders To	Iding Review	Order Number	
			0-1	Total Supporting Documents	
Order Number	Order Date	Order Status	Urdening PUC		
Order Number Details 25	Order Date 2/14/2024	Pending Review	jessi.test@gmail.com	2	
Order Number Details 25 Details 30	Order Date 2/14/2024 2/22/2024	Pending Review Pending Review	jessi.test@gmail.com	2 1	
Order Number Details 25 Details 30	Order Date 2/14/2024 2/22/2024	Pending Review Pending Review	jessi.test@gmail.com	2 1	
Order Number Details 25 Details 30 * are mandatory	Order Date 2/14/2024 2/22/2024	Pending Review Pending Review	jessi.test@gmail.com jessi.test@gmail.com		



Before you Select Search Orders Button, you can clear the fields by clicking the Clear Button.

Contacts	Agreements	<u>Review & Submit</u>	Orders & Inventory	Orders History	<u>Returns &</u> Wastages & <u>Transfers</u>	<u>Returns &</u> Wastages & Transfers <u>History</u>		
O Non-VERIP Orders								
rs								
		Order Status	Pending Review		✓ Order	r Number		
		Orders To						
lers Clear								
Step	7							
	Contacts O Non-VERIP Orders rs ers Clear Step	Contacts Agreements O Non-VERIP Orders rs clear Clear Step 7	CONTACTS AGREEMENTS REVIEW & SUBMIT O Non-VERIP Orders order Status rs Order Status ers Order Status Gear Orders To Step 7	CONTACTS AGREEMENTS REVIEW & SUBMIT ORDERS & Inventory O Non-VERIP Orders	CONTACTS AGREEMENTS REVIEW & SUBMIT DRDERS & DRDERS HISTORY O Non-VERIP Orders	CONTACTS AGREEMENTS REVIEW & SUBMIT ORDERS & ORDERS HISTORY RANSFERS	CONTACTS AGREEMENTS REVIEW & SUBBIT DRDERS & ORDERS & MASTAGES & TRANSFERS INVENTORY ORDERS HISTORY ASSAGES & TRANSFERS HISTORY Non-VERIP Orders rs Clear Clear Clear Step 7	CONTACTS AGREEMENTS REVIEW & SUBMIT ORDERS & MASTAGES & MASTA



Reviewing Order Histories



Orders Number panel appears, select a Details link.

Ord	GANIZATION	<u>Contacts</u>	Agreements	<u>Review & Submit</u>	IRDERS &	Orders History	<u>Returns &</u> Wastages & <u>Transfers</u>	Returns & Wastages & Transfers History	<u>k</u>	
	● VERIP Orders ○	Non-VERIP Orders								
	Search Orders									
	Ordering POC			Order Status	Pending Review		~ (Order Number		
	Orders From			Orders To						
	Search Orders	Clear								
	Order	Number	Order Date	Order Status		Ordering POC		Total Supportin	g Documents	
C	Details 25		2/14/2024	Pending Review		jessi.test@gmail.com		2		
	Details 80		2/22/2024	Pending Review		jessi.test@gmail.com		1		
* are	mandatory	Step 8								



The Order History Details window appears. Select the Provider Details dropdown to review the sub-section.

Order History Details		
Order details for order number: 25	Step 9	xpand All Sections Collapse All Sections
crovider Details		
Pediatric Vaccine		
Pediatric Vaccine Inventory		
Adult Vaccine		
Adult Vaccine Inventory		
Supporting Documents		
Additional Information		
VTrcks Information		



Step 10 Scroll down to review the Provider Details dropdown to review this sub-section.

ler History Details		
Order details for order number: 25		Expand All Sections Collapse All Sections
Provider Details		
Re-Enrollment Details		
Enrollment Due 02/14/2025 Date		
*For an uninterrupted vaccine ordering experience and to avoid delays, please pl ordering experience or to reinstate those privileges.	an and re-enroll into the VFC/VFA program by the due date. For those past due	ue, please contact VVSA team immediately to discuss next steps for an uninterrupted vaccine
**All changes in key staff and provider details must be communicated to the VVS/ address and hours are necessary for vaccines to be delivered correctly.	program. Key staff include: the medical director or equivalent who signed the	e provider agreement, the vaccine coordinator, and the backup coordinator. Up-to-date shipping
Medical Director Informaion		
Medical Director Med First Name	Medical Director Dir Last Name	
Shipping Address		
Address Line1 Mandania dr	Address Line2	Zip 23059
	State GLEN ALLEN	
		Cancel



The Order History Details window appears. Select the Pediatric Vaccine dropdown to review the sub-section.

0	er History Details											
	Order details for order number: 25											
	Provider Details Step 11	Expand All Sections Collapse All Sections										
K	Pediatric Vaccine											
	Pediatric Vaccine Inventory											
	Adult Vaccine											
	Adult Vaccine Inventory											
	Supporting Documents											
	Additional Information											
	VTrcks Information											



Scroll down to review the Pediatric Vaccine sub-section.

rder details for	order number: 25	Last Name Test		Email	sectest@gmail.com	Step 12
Phone	6576565645	-				
** Update Shipping	Info link opens an email interface to send	an email to vvfc@vdh.virginia.gov and request an update. Ur	date Shipping Info			
ediatric Vaccine						
Vaccine						
Line#	Vaccine Brand Name	Unit Shipping Size	NDC Code	CPT Code	Quantity Requested	
No Records ferro						
ediatric Vaccine Inve	entory					
dult Vaccine						
dult Vaccine Invento	ory					
upporting Documer	nts					

Cancel



Select the Pediatric Vaccine Inventory dropdown to review the sub-section.

Orc	ler History Details							
	Order details for First Name Phone	order number: 2 Sec 6576565645	5	- Last Name	TEST	Email	sectest@gmail.com	
	** Update Shipping Pediatric Vaccine	Info link opens an em	ail interface to send an emai	I to vvfc@vdh.virginia.gov and reque	st an update. <u>Update Shipping Info</u>			
	Vaccine Line# No Records found	Vaccine	Brand Name	Unit Shipping Size	NDC Code	CPT Code	Quantity Requested	
	Pediatric Vaccine Inv Adult Vaccine	entory						
	Adult Vaccine Invent	ory nts						
								•

Cancel



Scroll down to review the Pediatric Vaccine Inventory sub-section.

Orde	er History Details								
(Order details for o	order number: 25 Sec 6576565645		Last Name	TEST	Email	sectest@gmail.com		
	** Update Shipping I	nfo link opens an ema	il interface to send an email to vvfo	@vdh.virginia.gov and reques	t an update. <u>Update Shipping Info</u>				
ł	Pediatric Vaccine							Step 14	
	Line# No Records found	Vaccine	Brand Name	Unit Shipping Size	NDC Co	le CPT Code	Quantity Requested		
P	Pediatric Vaccine Inver	ntory							•
<	Line# Va	accine Bi	rand Name Ur	it Shipping Size	NDC Code	Doses On Hand	Lot# Lot Expiration Date		
1									- L



Select the Adult Vaccine dropdown to review the sub-section.

rder details for order nun	nber: 25						
diatric Vaccine Inventory	Step 15						
Line# Vaccine	Brand Name	Unit Shipping Size	NDC Code	Doses On Hand	Lot#	Lot Expiration Date	
No Records found							
dult Vaccine							
lult Vaccine Inventory							
pporting Documents							
ditional Information							
frcks Information							



Scroll down to review the Adult Vaccine sub-section.

Ord	er History Detai	ils								
(Order details f	for order num	ber: 25							
	Pediatric Vaccine	Inventory								•
	Inventory							Step 16		
	Line#	Vaccine	Brand Name	Unit Shipping Size	NDC Code	Doses On Hand	Lot# Lot Exp	piration Date		
	No Records fo	ound								
	Adult Vaccine									
	Vaccine								_	
	Line# V	laccine		Brand Name	Unit Shipping Size	NDC Code	CPT Code	Quantity Requested		ł
		Covid-19 (Age 12 y	ears and older)	Comirnaty®	10 pack- 1 dose vial	00069-2362-10	91320	10	2	
	Adult Vaccine Inv	ventory								
	Supporting Docu	iments							- 1	
									•	,
									Cancel	



Select the Adult Vaccine Inventory dropdown to review the sub-section.

Order Histo	ory Details								
Order	details for order nun	nber: 25						— I	
Pediatri	c Vaccine Inventory								
Inve	ntory								
Line	# Vaccine	Brand Name	Unit Shipping Size	NDC Code	Doses On Hand	Lot# Lot Ex	piration Date		
No	Records found								
Adult Va	accine								
Vacc	ine	Step	17						
Line	# Vaccine		Brand Name	Unit Shipping Size	NDC Code	CPT Code	Quantity Requested		1
	1 Covid-19 (Age 12	years and older)	Comirnaty®	10 pack- 1 dose vial	00069-2362-10	91320	10		
Adult Va	accine Inventory	>*							
Support	ing Documents								
									•
								0	



Scroll down to review the Adult Vaccine Inventory sub-section.

r History Details						
Prder details for order number: 25 Line# vaccine Brand Name No Records found	Unit Snipping Size	NDC CO	ie Doses Un	Hano	Lot# Lot Expirat	ción Date
dult Vaccine						
Vaccine						Step 18
Line# Vaccine	Brand Name	Unit Shipping S	ize	NDC Code	CPT Code	uany requested
1 Covid-19 (Age 12 years and older)	Comirnaty®	10 pack- 1 dose	vial	00069-2362-10	91320	10
dult Vaccine Inventory						
Inventory						
	Brand Name	Unit Shipping Size	NDC Code	Doses On Har	nd Lot#	Lot Expiration Date
Line# Vaccine						



Select the Supporting Documents dropdown to review the sub-section.

1 Covid-19 (Age 12 years and older) Comirnaty® 10 pack-1 dose vial 00069-2362-10 91320 10 ccine Inventory Accine Step 19 # Vaccine Brand Name Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date 1 Covid-19 (Age 12 years and older) Comirnaty® 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024	10 pack- 1 dose vial 00069-2362-10 91320 10 Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date	Step 19	10 pack- 1 dose vial	00069-2362-10	91320 10	
Step 19 # Vaccine Brand Name Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date 1 Covid-19 (Age 12 years and older) Comirmaty® 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024	Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date	Step 19				
Step 19 Itory Step 19 # Vaccine Brand Name Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date 1 Covid-19 (Age 12 years and older) Comirnaty® 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024	Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date	Sten 19				
Vaccine Brand Name Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date 1 Covid-19 (Age 12 years and older) Comirnaty® 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024	Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date					
Vaccine Brand Name Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date 1 Covid-19 (Age 12 years and older) Comirnaty® 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024	Unit Shipping Size NDC Code Doses On Hand Lot# Lot Expiration Date					
1 Covid-19 (Age 12 years and older) Comirnaty 10 pack-1 dose vial 00069-2362-10 2 123 01/29/2024 ag Documents		ne Brand Name U	Unit Shipping Size NDC Code	Doses On Hand	Lot#	Lot Expiration Date
ag Documents	10 pack- 1 dose vial 00069-2362-10 2 123 01/29/2024	-19 (Age 12 years and older) Comirnaty® 10	10 pack- 1 dose vial 00069-236	-10 2	123	01/29/2024
ng Documents						
I Information						
al Information						
al Information						



Scroll down to review the Supporting Documentations sub-section.

entory	Vaccine	Brand Name	Unit Shipping Size	NDC Code	Doses On Hand	Lot#	Lot Expiration Date
1	Covid-19 (Age 12 years and older)	Comirnaty®	10 pack- 1 dose vial	00069-2362-10	2	123	01/29/2024
rting Docu	iments						
oad Doc	uments						
ne#	Document Type	Document Na	me	Uploaded By		Uploaded On	
1	Refrigerator Data Logger Report	Inventory test	doc.docx	Jessi test		02/23/2024	
2	Refrigerator Data Logger Report	Inventory test	doc.pdf	Jessi test		02/23/2024	
nal Inforn	nation						
Informatio	on						



Select the Additional dropdown to review the sub-section.

Line#	Vaccine	Brand Name	Unit Shipping Size	NDC Code	Doses On Hand	Lot#	Lot Expiration Dat
1	Covid-19 (Age 12 years and older)	Comirnaty®	10 pack- 1 dose vial	00069-2362-10	2	123	01/29/2024
pload Doc Line#	Document Type	21	e	Uploaded By		Uploaded On	
1	Refrigerator Data Logger Report	Inventory test do	o <u>cdocx</u>	Jessi test		02/23/2024	
2	Refrigerator Data Logger Report	Inventory test do	<u>c.pdf</u>	Jessi test	(02/23/2024	
					· · · ·		
itional Infor	mation						



Scroll down to review the Additional Information sub-section.

_	nents			Step	22
Docu	uments				
	Document Type	Document Name	Uploaded By	Uploaded On	
1	Refrigerator Data Logger Report	Inventory test doc.docx	Jessi test	02/23/2024	
2	Refrigerator Data Logger Report	Inventory test doc.pdf	Jessi test	02/23/2024	
nform	tault Fund Tune Split Requirements Defined in				l
Inform	fault Fund Type Split Requirements Defined in	n VTrckS (For LHDs Only)			
Inform	fault Fund Type Split Requirements Defined in	n VTrckS (For LHDs Only)		1:	



Scroll down to review the VTrcks Information dropdown sub-section.

Order History Detail	ls				
Order details f	for order number: 25				
Supporting Docu	ments				
Upload Docu	uments				
Line#	Document Type	Document Name	Uploaded By	Uploaded On	
1	Refrigerator Data Logger Report	Inventory test doc.docx	Jessi test	02/23/2024	
2	Refrigerator Data Logger Report	Inventory test doc.pdf	Jessi test	02/23/2024	
Additional Inform	efault Fund Type Step 23	(For LHDs Only)			
Comments				4	
VTrcks Informatio	on				
					-
					Cancel



Scroll down to review the VTrcks Information sub-section.

1 Refrigerator Data Logger Report Inventory test doc.docx Jessi test 02/23/2024 2 Refrigerator Data Logger Report Inventory test doc.pdf Jessi test 02/23/2024 Stepp
2 Refrigerator Data Logger Report Inventory test doc.pdf Jessi test 02/23/2024 Step Information e the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only) ************************************
I Information the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only) minition re Let Explicition Data Shipperd, Output the Shipperd In Dates Under Line Split, Shipperd Tracking Number, Currier, Manufacturer, Expedited Shipperd, Wireles, VTrackS Output
Information the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only) Imation Tradion
er the Default Fund Type Split Requirements Defined in VTrckS (For LHDs Only)
rmation
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Lat Evizition Data Data Chinned Owner Order Line Euffilled Order Line Solit Shinnert Tracking Number Carrier Manufacturer Evendited Shinnert Market Order Number Wird Coder Number Wird Coder Number
a concapitation pare page supped suppled in poses. Order the runned order the solid supplement racking number of carrier manufacturer expedited supplement vircks order number of the solid supplement of t
found
s found



Select the Expand All Sections button to open all the dropdown menus.

der details for o	order number: 25			Stop 2	Expand All Sections 1 Hollanse All S	ections
vider Details				Step 2:		cuons
Re-Enrollment D	Details					
	02/14/2025					
Date	02/14/2025					
Throniment Due Date **For an uninterrupt ordering experience	ted vaccine ordering experience and to avoid dela	ays, please plan and re-enroll into the	VFC/VFA program by the due date. For those	oast due, please contact VVSA team in	nmediately to discuss next steps for an uninterrupted vaccine	
**For an uninterrupt ordering experience **All changes in key address and hours a	ted vaccine ordering experience and to avoid dela or to reinstate those privileges. staff and provider details must be communicated are necessary for vaccines to be delivered correctly	ays, please plan and re-enroll into the d to the VVSA program. Key staff inclu y.	VFC/VFA program by the due date. For those ude: the medical director or equivalent who sig	past due, please contact VVSA team in ned the provider agreement, the vacci	nmediately to discuss next steps for an uninterrupted vaccine ine coordinator, and the backup coordinator. Up-to-date shippi	9
**For an uninterrupt ordering experience **All changes in key address and hours a Medical Directo	ted vaccine ordering experience and to avoid dela or to reinstate those privileges. staff and provider details must be communicated are necessary for vaccines to be delivered correctly r Informaion	ays, please plan and re-enroll into the d to the VVSA program. Key staff inclu y.	VFC/VFA program by the due date. For those ude: the medical director or equivalent who sig	bast due, please contact VVSA team in ned the provider agreement, the vacci	nmediately to discuss next steps for an uninterrupted vaccine ine coordinator, and the backup coordinator. Up-to-date shippi	9
**For an uninterrupt ordering experience **All changes in key address and hours a Medical Director First Name	ted vaccine ordering experience and to avoid dela e or to reinstate those privileges. staff and provider details must be communicated are necessary for vaccines to be delivered correctly r Informaion	ays, please plan and re-enroll into the d to the VVSA program. Key staff inclu y. Medical Director Last Name	VFC/VFA program by the due date. For those ude: the medical director or equivalent who sig	bast due, please contact VVSA team in ned the provider agreement, the vacci	nmediately to discuss next steps for an uninterrupted vaccine ine coordinator, and the backup coordinator. Up-to-date shippi	g
**For an uninterrupt ordering experience **All changes in key address and hours a Medical Director First Name whipping Address	ted vaccine ordering experience and to avoid dela e or to reinstate those privileges. staff and provider details must be communicated are necessary for vaccines to be delivered correctly r Informaion Med	ays, please plan and re-enroll into the d to the VVSA program. Key staff inclu y. Medical Director Last Name	VFC/VFA program by the due date. For those ude: the medical director or equivalent who sig	bast due, please contact VVSA team in ned the provider agreement, the vacci	nmediately to discuss next steps for an uninterrupted vaccine ine coordinator, and the backup coordinator. Up-to-date shippi	g
**For an uninterrupt ordering experience **All changes in key address and hours a Medical Director First Name Chipping Address Address Line1	ted vaccine ordering experience and to avoid dela e or to reinstate those privileges. staff and provider details must be communicated are necessary for vaccines to be delivered correctly r Informaion Med ss Mandarin dr	ays, please plan and re-enroll into the d to the VVSA program. Key staff inclu y. Medical Director Last Name Address Line2	VFC/VFA program by the due date. For those ude: the medical director or equivalent who sig	bast due, please contact VVSA team in ned the provider agreement, the vacci	nmediately to discuss next steps for an uninterrupted vaccine ine coordinator, and the backup coordinator. Up-to-date shippin	g



Step 26

Select the Collapse All Sections button to close all the dropdown menus.

rder details for order number ovider Details Re-Enrollment Details Enrollment Due 02/14/2025 Date 02/14/2025 **For an uninterrupted vaccine order ordering experience or to reinstate **All changes in key staff and provia address and hours are necessary for Medical Director Informaio Medical Director Med First Name	er: 25 Pring experience and to avoid delays, ple those privileges.	lease plan and re-enroll into the VF	FC/VFA program by the due date. Fc	or those past due, please contact VVSA tea	<u>Expand All</u>	Sections Collapse All Sections
ovider Details Re-Enrollment Details Enrollment Due 02/14/2025 Date **For an uninterrupted vaccine ordering experience or to reinstate **All changes in key staff and providering address and hours are necessary for Medical Director Information Medical Director Information	ering experience and to avoid delays, ple those privileges.	lease plan and re-enroll into the VF	FC/VFA program by the due date. Fc	or those past due, please contact VVSA team	m immediately to discuss next steps for an	uninterrupted vaccine
Re-Enrollment Details Enrollment Due 02/14/2025 Date **For an uninterrupted vaccine orde ordering experience or to reinstate **All changes in key staff and provi address and hours are necessary fo Medical Director Informaio Medical Director Med First Name	ering experience and to avoid delays, ple those privileges.	lease plan and re-enroll into the VF	FC/VFA program by the due date. Fc	or those past due, please contact VVSA tear	m immediately to discuss next steps for an	uninterrupted vaccine
Enrollment Due 02/14/2025 Date **For an uninterrupted vaccine ordering experience or to reinstate **All changes in key staff and provia address and hours are necessary for Medical Director Information Medical Director Med First Name	ering experience and to avoid delays, ple those privileges.	lease plan and re-enroll into the VF	FC/VFA program by the due date. Fo	or those past due, please contact VVSA tear	n immediately to discuss next steps for an	uninterrupted vaccine
**For an uninterrupted vaccine order ordering experience or to reinstate **All changes in key staff and provia address and hours are necessary for Medical Director Informaio Medical Director Med First Name	ering experience and to avoid delays, plo those privileges.	lease plan and re-enroll into the VF	FC/VFA program by the due date. Fo	or those past due, please contact VVSA tear	m immediately to discuss next steps for an	uninterrupted vaccine
**All changes in key staff and provise address and hours are necessary fo Medical Director Information Medical Director Med First Name		h = V/VCA in the surgery Marco staff in all of a	and the second sec			
Medical Director Informaio Medical Director Med First Name	der details must be communicated to th r vaccines to be delivered correctly.	në vivsa program. Key statt include	e: the medical director or equivalent	who signed the provider agreement, the v	accine coordinator, and the backup coordi	inator. Up-to-date shipping
Medical Director Med First Name	n)
		Medical Director	Dir			
Shipping Address						
Address Line1 Mandarin dr		Address Line2		Zip	23059	
City V/A		State				



Select the Cancel button to close the Order History Details window.

r History Details						
order details for o	order number: 25					
					Expand All Sections	Collapse All Sections
rovider Details						_
Re-Enrollment D	Details					
Enrollment Due Date	02/14/2025					
**For an uninterrupt ordering experience	ed vaccine ordering experience and to avoid delays, please or to reinstate those privileges.	plan and re-enroll into the	e VFC/VFA program by the due date. For those past due, plea	ase contact VVSA team	immediately to discuss next steps for an uninterru	ipted vaccine
**All changes in key address and hours a	staff and provider details must be communicated to the VV re necessary for vaccines to be delivered correctly.	SA program. Key staff inclu	ude: the medical director or equivalent who signed the prov	ider agreement, the vac	ccine coordinator, and the backup coordinator. Up	-to-date shipping
Medical Director	r Informaion					
Medical Director First Name	Med	Medical Director Last Name	Dir			Step 2
Shipping Addres	ss					
Address Line1	Mandarin dr	Address Line2		Zip	23059	
City	VΔ	Stata	GLEN ΔΗ ΕΝ			
						Cancel



Live Demo





Orders History (VERIP) Review

As a Provider you should access to the following:

- Reviewing Orders
- Reviewing Order History Details



VFC/VFA Vaccine Ordering

Returns History



Returns History Introduction

As a Provider you should have access to the following:

Reviewing Returns History





After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



Select the Returns and Wastage Transfers History Tab.

Organization Contacts	Agreements Review & Submit Inven	<u>ers &</u> Ntory	Orders History	Returns & WA Wastages & Tr Transfers Mu	<u>TURNS &</u> A <u>STAGES &</u> ANSFERS STORY		
General							
Organization Name*	Jessi Test1		Organization Type*	Employee Health			✓ @
VIIS Org Code (for existing accounts)	7886	0	Other (specify) **				
Are you a VFC/VFA Provider?*	● Yes ○ No 🥥		If Yes, what is your VFC/VFA Pin	7886			Step 2
Already exchange data electronically with VIIS or want to?*	○Yes ● No @		Fax # ex:(123) 456-7890				
Phone #* ex:(123) 456-7890	(767) 565-6545		Alt Phone # ex:(123) 456-7890			-	
Physical Address							
Address Line1*	Plum In		Address Line2				
Zip*	23059		City	GLEN ALLEN	0	State VA	$\overline{\mathbf{o}}$
** Enter Other (specify) if Organization Type is Other							
* are mandatory						Update	Next



Select the Returns History dropdown.





Review the Returns History sub sections.

Returns History				
Vaccine Returns History				
Return Status Pending Review	✓ Return Type	Select Return Type	Label Recipient Email	Select Label Recipient Email
Reported By(Email)	Date From		Date To	
Search Returns Clear				
				Stop 4
				- SIED 4



Select the Search Returns button to search for your Vaccine Returns History.

turns History Vaccine Returns	History				
Return Status Reported By(Email) Search Returns	Pending Review Clear	✓ Return Type Date From	Select Return Type	Label Recipient Email Date To	Select Label Recipient Email
	Step 5				



Select the Clear button, to clear your search.

Returns History				
Return Status Pending Review Reported By(Email) Search Returns	Return Type Date From	Select Return Type	Label Recipient Email Date To	Select Label Recipient Email
Step 6				



The Vaccine Returns History panel will appear.

turns History Vaccine Returns History Return Status Reported By(Email) Search Returns Clear	n Status 🗸	Return Type Select Return Type Date From	✓ Label Recipient Email Date To	Select Label Recipient Er	mail 🗸
Return Number	Date Number Of Labels Reported	Label Recipient Email	Reported By	Return Status	Return Typ c
Details 17	02/21/2024 2	primtest@gmail.com	jessi.test@gmail.com	Pending Review	Return Only
Details 17	02/21/2024 2	primtest@gmail.com	jessi.test@gmail.com	Pending Review	Return Only

Step /


Returns History

Select the Details link to view details.

Ret	urns History											
V	accine Returns H	istory						 				
	Return Status	Select Return Status		~	Return Type		Select Return Type	 ~	Label Recipient Email	Select Label Recipient Email		~
	Reported By(Email)				Date From				Date To			
	Search Returns	Clear										
	Return Nu	mber	Date Reported	Number Of Labels		Label	Recipient Email	Reported By		Return Status	Return Type	
	Details 1		02/21/2024	2		primte	est@gmail.com	jessi.test@gmail.con	1	Pending Review	Return Only	
)

Step 8



Returns History

The Return Details window appears.

ſ	Return Details			8 & 2 K F 2 F K K K K						
	Details for	Return Number: 17								*
	Contract Type	Vaccine	Brand Name	NDC Code	Lot Number	Quantity Returned in Doses	Expiration Date	Return Type	Return Reason	
Step 9	diatric	Covid-19 (Age <mark>1</mark> 2 years and older)	Comirnaty®	00069-2362-10	12345	2	02/29/2024	Return Only	Mechanical failure	
	Number of Labels	2		Label Shipping EMAIL Method	-	~	Label Recipient Email	primtest@gmail.com	~	
	Return Status	Pending Review	~	Reviewed Date N/A			Reviewed by	N/A		
	Review Comments						1			
										-
									Can	cel



Returns History

Select the Cancel button to close the window.

eturn Details										
Details for	Return Number: 17									*
Contract Type	Vaccine	Brand Name	NDO	C Code	Lot Number	Quantity Returned in Doses	Expiration Date	Return Type	Return Reason	
Pediatric	Covid-19 (Age 12 years and older)	Comirnaty®	000	069-2362-10	12345	2	02/29/2024	Return Only	Mechanical failure	
Number of Labels	2		Label Ship Method	pping EMAII	L	~	Label Recipient Email	primtest@gmail.com	~	
Return Status	Pending Review	~	Reviewed	Date N/A			Reviewed by	N/A		
Review Comments							1			ſ
									Can	cel

0



Live Demo





Returns History Review

As a Provider you should have access to the following:

Reviewing Returns History



VFC/VFA Vaccine Ordering

Transfers History



Transfers History Introduction

As a Provider you should have access to the following:

Reviewing Transfers History





After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
1	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
1	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



Select the Returns and Wastage Transfers History Tab.

ORGANIZATION CONTACTS	<u>Agreements</u> <u>Review & Submit</u> Inventor	Y ORDERS HISTORY	<u>Returns &</u> <u>Wastages &</u> <u>Transfers</u> <u>History</u>	
General				
Organization Name*	Jessi Test1	Organization Type*	Employee Health	~ @
VIIS Org Code (for existing accounts)	7886	Other (specify) **		01000
Are you a VFC/VFA Provider?*	● Yes ○ No @	If Yes, what is your VFC/VFA Pin	7886	Step 2
Already exchange data electronically with VIIS or want to?*	⊖Yes ●No 🥥	Fax # ex:(123) 456-7890		
Phone #* ex:(123) 456-7890	(767) 565-6545 -	Alt Phone # ex:(123) 456-7890		-
Physical Address				
Address Line1*	Plum In	Address Line2		@
Zip*	23059	City	GLEN ALLEN 😡 Sta	ite VA
** Enter Other (specify) if Organization Type is Other				
are mandatory				Update Next



Select the Transfers History dropdown.





Review the Transfers History sub sections.

Transfers History Vaccine Transfers History			
Transfer Status Pending Review Reported By(Email) Search Transfers Clear	Date From	Date To Transfer to PIN	
e mandatory		St	ep 4



Select the Search Transfers button.

Transfers History Vaccine Transfers	History			
Transfer Status Reported By(Email)	Pending Review	Date From Transfer to Provider	Dat	te To
Search Transfers	Clear			
mandatory				
	Step 5			



The Transfer Number panel will appear.

Search Transfer Date Reported Reported By Transfer Status Transfer to PIN Details 9 02/15/2024 jessi.test@gmail.com Pending Review P104	Transfer to Provider Name UVA Pediatrics Harrisonburg - Medical Avenue



Select the Clear button, to clear your search.

Transfers History		
Vaccine Transfers History		
Transfer Status Pending Review	Date From	Date To
Reported By(Email)	Transfer to Provider	Transfer to PIN
Search Transfers Clear		
are mandatory	_	
Step 7		



Select the Details link to view details.

Transfers History			
Vaccine Transfers History			
Transfer Status Pending Review	Date From		Date To
Reported By(Email)	Transfer to Provider		Transfer to PIN
Search Transfers Clear			
Transfer Date Reported Reported By Number	Transfer Status	Transfer to PIN	Transfer to Provider Name
Details 9 02/15/2024 jessi.test@gmail.com	Pending Review	P104	UVA Pediatrics Harrisonburg - Medical Avenue





The Transfers Details window appears.

Pediatric Covid-19 (Age 5 years through 11 years) COVID-19 Vaccine 59267-4331-02 10 pack-1 dose vial 1141F 16 05/03/2024 Non vaccine product 001A ESHD-EASTERN SHORE HEALTH DISTRICT-ACCOMACK 101 Main St GLEN ALLEN 23059 Transfer Status Pending Review Reviewed Date N/A Reviewed Date N/A Reviewed by N/A		Contract Type	Vaccine	Brand Name	NDC Code	Shipping Size	Lot Number	Transferred in Doses	Expiration Date	Transfer Reason	Provider PIN	Provider Name	Provider Address	City	Zip	Transferre Date
Transfer Status Pending Review Reviewed Date N/A Reviewed by N/A		Pediatric	Covid-19 (Age 5 years through 11 years)	COVID-19 Vaccine	59267- 4331-02	10 pack- 1 dose vial	1141F	16	05/03/2024	Non vaccine product	001A	ESHD- EASTERN SHORE HEALTH DISTRICT- ACCOMACK	101 Main St	GLEN ALLEN	23059	05/07/202
	1	ransfer Stat	tus Pending Revi	iew		~ Rev	iewed Date N/	/Α			Re	viewed by	N/A			
Additional Admin Comments for CDC And Provider	F	Additional A Provider	dmin Comments	for CDC And												



Select the Cancel button to close the window.

irans	ier Detai	s														
D	etails fo	r Transfer Nu	mber:7													-
	Contract Type	Vaccine	Brand Name	NDC Code	Unit Shipping Size	Lot Number	Quantity Transferred in Doses	Expiration Date	Transfer Reason	Provider PIN	Provider Name	Provider Address	City	Zip	Transferred Date	
	Pediatric	Covid-19 (Age 5 years through 11 years)	COVID-19 Vaccine	59267- 4331-02	10 pack- 1 dose vial	1141F	16	05/03/2024	Non vaccine product	001A	ESHD- EASTERN SHORE HEALTH DISTRICT- ACCOMACK	101 Main St	GLEN ALLEN	23059	05/07/2024	
Tra	nsfer Stat	Pending Rev	iew		✓ Rev	iewed Date N	Ά			Re	viewed by	N/A				
Ad Pro	ditional A ovider	dmin Comments	for CDC And													
	Print												li			
																ncel
																liteer



Live Demo





Transfers History Review

As a Provider you should have access to the following:

Reviewing Transfers History



VFC/VFA Vaccine Ordering

Wastages History



Wastages History Introduction

As a Provider you should have access to the following:

Reviewing Wastages History





After logging in, select your organization by clicking on the pencil.

Edit	Status	Organization	Organization Type Affiliation		Region	Program
1	Active	Carilion Children's Tanglewood Center- Adolescent Medicine	Pediatrician		South West	VIIS
1	Active	Carilion Children's Pediatric Medicine - Rocky Mount	Pediatrician	Carilion Health System	South West	VIIS
1	Active	UVA Pediatrics Harrisonburg - Medical Avenue	Pediatrician	UVA Health System	West Central	VIIS
/	Active	ROAHD-Roanoke City Health Department	Public Health		South West	VIIS
/	Active	CrossOver Healthcare Ministry Inc WEST END	Free Clinic		West Central	VIIS
	Active	UVA Pediatrics Harrisonburg - McGaheysville	Pediatrician	UVA Health System	West Central	VIIS
/	Pending	Jessi Test1	Employee Health		West Central	VIIS

Step 1



Select the Returns and Wastage Transfers History Tab.

RGANIZATION CONTACTS	Agreements Review & Submit Inven	<u>ers &</u> ntory	Orders History	Returns & Wastages & Transfers Histor	<u>IS &</u> <u>GES &</u> <u>ERS</u> Y	
eneral						
Organization Name*	Jessi Test1		Organization Type*	Employee Health		✓ 🥥
VIIS Org Code (for existing accounts)	7886		Other (specify) **			
Are you a VFC/VFA Provider?*	● Yes ○ No 🥥		If Yes, what is your VFC/VFA Pin	7886		step 2
Already exchange data electronically with VIIS or want to?*	○Yes ●No @		Fax # ex:(123) 456-7890			
Phone #* ex:(123) 456-7890	(767) 565-6545		Alt Phone # ex:(123) 456-7890			-
ysical Address						
Address Line1*	Plum In		Address Line2			
Zip*	23059		City	GLEN ALLEN	State VA	0
Enter Other (specify) if Organization Type is Other						
nandatory					Update	Next



Select the Wastages History dropdown.





Review the Wastages History sub sections.

Wastages History		
Wastage Status Pending Review D Reported By(Email) Clear	Date From Date To	
		Step 4



Select the Search Wastages button.

Wastages History								
Vaccine wastages History Wastage Status Pending Review Reported Bv(Email) Search Wastages Clear	Date From Date To							
Step 5								



The Wastage Number panel will appear.

astages History							
Vaccine Wastages	History						
Wastage Status	Select Wastage Status	✓ Date From		Date To			
Reported By(Email)							
Search Wastages	Cloar						
Wastage N	Number				Date Reported	Reported by	Wastage Status
Details 8					02/14/2024	jessi.test@gmall.c	om Complete
						O (O	
						Step 6	



Select the Clear button, to clear your search.

Wastages History		
Vaccine Wastages History		
Wastage Status Pending Review	Date From	Date To
Reported By(Email)		
Search Wastages Clear		
Step 7		



Select the Details link to view details.

۷	astages History									
	Vaccine Wastages	History								_
	Wastage Status	Select Wastage Status	~	Date From		Date To				
	Reported By(Email)									
	Search Wastages	Clear								
	Wastage N	lumber					Date Reported	Reported By	Wastage Status	
(Details 8						02/14/2024	jessi.test@gmail.com	Complete	
		Step 8								



The Wastages Details window appears.

\langle	Wastage Detail	Is								
	Details for Wastage Number:8									
	Contract Type	Vaccine	Brand Name	NDC Code	Lot Number	Quantity Wasted in Doses	Expiration Date	Wastage Reason		
	Pediatric	Covid-19 (Age 12 years and older)	Comirnaty®	00069-2362-10	1234	2	02/13/2024	Broken Vial/Syringe		
	Wastage Stat	us Complete	 Review 	red Date 02/14/2024		Reviewed by Jes	sica.Renslow@vdh.vir	ginia.gov		
	Review Comments									
Step 9						11				
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Select the Cancel button to close the window.

Wastage Details									
Details for V	Vastage Number:8							-	
Contract Type	Vaccine	Brand Name	NDC Code	Lot Number	Quantity Wasted in Doses	Expiration Date	Wastage Reason		
Pediatric	Covid-19 (Age 12 years and older)	Comirnaty®	00069-2362-10	1234	2	02/13/2024	Broken Vial/Syringe		
Wastage Status	Complete	✓ Reviewe	d Date 02/14/2024		Reviewed by Jess	ica.Renslow@vdh.virg	jinia.gov		
Review Comments					1.				
									Step 10
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Live Demo





Wastages History Review

As a Provider you should have access to the following:

Reviewing Wastages History



VFC/VFA Vaccine Ordering Review

As a Provider you should have access to the following:

- Logging In
- Basic Navigation
- New Vaccine Orders
- New Vaccine Transfers
- New Vaccine Wastages
- New Vaccine Returns
- Returns History
- Wastages History
- Transfers History