

VFA Order Placement Training Module

A Step by Step Instruction Guide for Placing Adult
Vaccine Order in ASIIS

Last Revision: August 2015



- To get started, log in to ASIIS using your VFA log in and password.
 - You should have received your VFA ASIIS log in from your county contact (local approver).
- The IRMS accounts for VFA providers are titled _____ County Local Approver.
 - For example, the Maricopa VFA IRMS is Maricopa County Local Approver.
- The IRMS numbers for the VFA program are 317-county id code-00
 - For example, the IRMS for Maricopa County Local Approver is 3170800.
- If there are multiple sites participating the VFA program in your county, they will be listed as facilities under the County Local Approver.
 - For example, the Roosevelt Clinic is MARI01.

Before placing your order:

- Submit Monthly Inventory in ASIIS
- Submit your temperature logs to the Arizona Vaccine Center in ASIIS
 - If your temps are recorded under your ASIIS VFC account, follow the steps on slide 7
 - Temp logs must be current up to the day before you send them to Arizona Vaccine Center
- Plan ahead - Know what vaccines to order

Once you are logged in under the correct IRMS and facility, have submitted your monthly inventory and temps click on Create/View Orders under Orders/Transfers.

Arizona Department of Health Services

Logged in: KELSEY PISTOTNIK VFC

Organization (IRMS)/Facility: MARICOPA COUNTY LOCAL APPROVER (3170800) / MARI01

Date: July 28, 2015

Main

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Message

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Organization (IRMS)

- Facilities
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- Orders/Transfers**
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- Create/View Orders**
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- Local Vaccine Allocations
- Accountability Submission
- Vaccine Returns
- Cold Storage

Patient Search [Click here to use the 'advanced' search](#)

First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>

Family and Address Information:

Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Select..."/>
Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Country:	<input type="text" value="United States"/>		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

On the Current Order/Transfer List screen, make sure the correct Facility is selected from the drop down. Only place orders for your facility. In this example, we will place an order for facility MARI01 in Maricopa County. Click the Create Order button to advance to the next screen.

Current Order/Transfer List

Organization (IRMS): MARICOPA COUNTY LOCAL APPROVER ▾ Facility: MARI01 ▾ PIN: MARI01 ▾
Current Organization (IRMS)/Facility: MARICOPA COUNTY LOCAL APPROVER MARI01

Find

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
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Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date
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Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
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Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending IRMS/Facility
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Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility
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Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility	Reject Date
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Create Order Create Transfer

On the Create Order screen, double check the correct facility was selected before creating an order. While you are reviewing the facility number, update the hours of operation or include any instructions. If all of the information is correct, scroll down and create an order.

As shown below, we are placing an order for Facility MARI01.

Create Order

Organization (IRMS): MARICOPA COUNTY LOCAL APPROVER
 Facility: MARI01
 Phone Number: (602)506-6373
 Phone Extension:
 Email:

First Name: JENNIFER
 Middle Name:
 Last Name: DAVISON
 Address: 1645 EAST ROOSEVELT SUITE 2027
 City: PHOENIX
 State: AZ
 Zip: 85006

Monday: 09:00 12:00 13:00 17:00
 Tuesday: 09:00 12:00 13:00 17:00
 Wednesday: 09:00 12:00 13:00 17:00
 Thursday: 09:00 12:00 13:00 17:00
 Friday: 09:00 12:00 13:00 17:00

PIN: MARI01
 Order Date: 07/28/2015
 Submitter: KELSEY PISTOTNIK VFC (KELSEY)
 Comments:
 Inventory Last Submitted: 07/28/2015
 Last Order Submitted: 03/12/2015 09:21:11 AM
 Order Set: 317 MARICOPA COUNTY / Distributor
 Inventory Transaction Report Lot Number Summary Edit Temperature

Order Frequency: Monthly Order Timing:
 Order Status: In Progress
 Order Schedule:

Vaccine	Description	Dose Used Last Month	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50		<input type="checkbox"/>	--select--	
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045-41	0	322	200	70		<input type="checkbox"/>	--select--	
Mening. (MCV40)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208-01	0	228	350	50		<input type="checkbox"/>	--select--	
MMR	ADULT MMR II 10PK 1 DOSE VIAL 00006-4681-00	0	394	100	70		<input type="checkbox"/>	--select--	
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400-10	0	72	500	100		<input type="checkbox"/>	--select--	



Local Allocation and Provider Allocation are new columns in the Order Details section on the Create Order screen. The Local Allocation is the total number of doses allocated to the county. The Provider Allocation is the total number of doses allocated to the specific facility. For example, 100 doses of Hep A were allocated to Maricopa County and 50 doses were allocated to MARI01.

Order Details										
Vaccine	Description	Dose Used Last Month	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments	
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50	<input type="text"/>	<input type="checkbox"/>	--select--		
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045-41	0	322	200	70	<input type="text"/>	<input type="checkbox"/>	--select--		
Mening. (MCV40)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208-01	0	228	350	50	<input type="text"/>	<input type="checkbox"/>	--select--		
MMR	ADULT MMR11 10PK 1 DOSE VIAL 00006-4681-00	0	394	100	70	<input type="text"/>	<input type="checkbox"/>	--select--		
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400-10	0	72	500	100	<input type="text"/>	<input type="checkbox"/>	--select--		
Tdap	ADULT BOOSTRIX 10PK SYRINGE 58160-0842-52	0	320	100	40	<input type="text"/>	<input type="checkbox"/>	--select--		
Varicella	ADULT VARIVAX 10PK 1 DOSE VIAL 00006-4827-00	0	430	100	70	<input type="text"/>	<input type="checkbox"/>	--select--		
Zoster, live	ADULT ZOSTER 10PK 1 DOSE VIAL 00006-4963-41	0	1165	200	100	<input type="text"/>	<input type="checkbox"/>	--select--		
Hep A/Hep B - Adult	ADULT TWINRIX 10PK 1 DOSE VIALS 58160-0815-11	0	369	200	50	<input type="text"/>	<input type="checkbox"/>	--select--		
Hepatitis B--adult	ADULT ENGERIX 10PK 1 DOSE VIAL 58160-0821-11	0	302	70	50	<input type="text"/>	<input type="checkbox"/>	--select--		
Hepatitis B--adult	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006-4995-41	0	0	60	40	<input type="text"/>	<input type="checkbox"/>	--select--		
Pneumococcal (PPSV)	ADULT PNEUMOVAX 23 10PK 1 DOSE SYRN 00006-4837-03	0	24	100	70	<input type="text"/>	<input type="checkbox"/>	--select--		
Pneumococcal, PCV-13	ADULT PREVNAR 13 10PK 1 DOSE SYRINGE 00005-1971-02	0	50	40	40	<input type="text"/>	<input type="checkbox"/>	--select--		
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006-4943-00	0	0	40	40	<input type="text"/>	<input type="checkbox"/>	--select--		

Cancel Save Order Submit Order



Enter the number of doses you would like to order for each vaccine in the Order Quantity column. Once you have entered an order quantity for all the vaccines you would like to order, click the Submit Order button. Do not select a Priority Reason.

Contact your County's Local Approver if you need to order more than your allocation.

Note: The vaccines available to order for each county are limited to the vaccines that were selected by each county. Not every type of vaccine will be available in every county.

Order Details									
Vaccine	Description	Dose Used Last Month	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50	0	<input type="checkbox"/>	--select--	
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045-41	0	322	200	70	0	<input type="checkbox"/>	--select--	
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208-01	0	228	350	50	0	<input type="checkbox"/>	--select--	
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681-00	0	394	100	70	0	<input type="checkbox"/>	--select--	
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400-10	0	72	500	100	0	<input type="checkbox"/>	--select--	
Tdap	ADULT BOOSTRIX 10PK SYRINGE 58160-0842-52	0	320	100	40	0	<input type="checkbox"/>	--select--	
Varicella	ADULT VARIVAX 10PK 1 DOSE VIAL 00006-4827-00	0	430	100	70	0	<input type="checkbox"/>	--select--	
Zoster, live	ADULT ZOSTER 10PK 1 DOSE VIAL 00006-4963-41	0	1165	200	100	0	<input type="checkbox"/>	--select--	
Hep A/Hep B - Adult	ADULT TWINRIX 10PK 1 DOSE VIALS 58160-0815-11	0	369	200	50	0	<input type="checkbox"/>	--select--	
Hepatitis B--adult	ADULT ENGERIX 10PK 1 DOSE VIAL 58160-0821-11	0	302	70	50	0	<input type="checkbox"/>	--select--	
Hepatitis B--adult	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006-4995-41	0	0	60	40	40	<input type="checkbox"/>	--select--	
Pneumococcal (PPSV)	ADULT PNEUMOVAX 23 10PK 1 DOSE SYRN 00006-4837-03	0	24	100	70				
Pneumococcal, PCV-13	ADULT PREVNAR 13 10PK 1 DOSE SYRINGE 00005-1971-02	0	50	40	40	0	<input type="checkbox"/>	--select--	
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006-4943-00	0	0	40	40	40	<input type="checkbox"/>	--select--	

Cancel Save Order **Submit Order**



If this is the first order, the Select Exception Comments window will pop up once you click the Submit Order button. Select Other under the Exception Description drop down and enter Placing first vaccine order in the Exception Comment field. Click the Submit button to continue.

Order Details

Vaccine	Description	Dose Used Last Month	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 Adult									
HPV, quadriva									
Mening. (MCV4C									
MMR									
Tdap									
Tdap									
Varicella									
Zoster, I									
Hep A/H Adult									
Hepatitis									
Hepatitis									
Pneumococcal (PPSV)	ADULT PNEUMOVAX 23 10PK 1 DOSE SYRN 00006-4837-03	0	24	100	70				
Pneumococcal, PCV-13	ADULT PREVNAR 13 10PK 1 DOSE SYRINGE 00005-1971-02	0	50	40	40	0		--select--	
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006-04943-00	0		40	40	40		--select--	

Select Exception Comments - Windows Internet Explorer provided by ADHS

One or more of your vaccine orders is outside the recommended order quantity.

This exception will be manually reviewed before it is approved. Select an Exception Description below and click Submit to place this order.

Exception Description: Other

Exception Comment: Placing first vaccine order

Cancel Submit

Cancel Save Order Submit Order

If the Order Quantity exceeds the Provider Allocation, a pop up box will appear once you click the Submit Order button. Do not continue with the order, click the Cancel button and update the Order Quantity to stay within your allocation.

Contact your County's Local Approver if you need to order more than your allocation.

Order Details										
Vaccine	Description	Dose Used Last Month	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments	
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50	60	<input type="checkbox"/>	--select--		
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045-41	0	322	200	70		<input type="checkbox"/>	--select--		
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208-01	0	228	350	50		<input type="checkbox"/>	--select--		
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681-00	0	394	100	70		<input type="checkbox"/>	--select--		
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400-10	0	72	500	100		<input type="checkbox"/>	--select--		
Tdap	ADULT B... SYRINGE						<input type="checkbox"/>	--select--		
Varicella	ADULT V... DOSE VIAL 00						<input type="checkbox"/>	--select--		
Zoster, live	ADULT Z... DOSE VIAL 41						<input type="checkbox"/>	--select--		
Hep A/Hep B - Adult	ADULT TV... DOSE VIAL 11						<input type="checkbox"/>	--select--		
Hepatitis B--adult	ADULT ENGERIX 10PK 1 DOSE VIAL 58160-0821-11	0	302	70	50		<input type="checkbox"/>	--select--		
Hepatitis B--adult	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006-04995-41	0	0	20	0	10	<input type="checkbox"/>	--select--		
Pneumococcal (PPSV)	ADULT PNEUMOVAX 23 10PK 1 DOSE SYRN 00006-4837-03	0	24	100	70		<input type="checkbox"/>	--select--		
Pneumococcal, PCV-13	ADULT PREVNAR 13 10PK 1 DOSE SYRINGE 00005-1971-02	0	50	40	40		<input type="checkbox"/>	--select--		
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006-04943-00	0	0	0	0	10	<input type="checkbox"/>	--select--		

Message from webpage

 Order quantity exceeds the allocation. Do you want to continue?

The order has been created and is now listed under the Inbound Orders section. The order will not be sent to the Arizona Vaccine Center until the County Local Approver approves the order and submits it.

The Status will remain In Manual Review for the 1st order and orders with quantities higher than the allocation until the order has been reviewed by your county Local Approver or The Status will be Pending Local Approval for all subsequent orders until the order has been approved by your county Local Approver.

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: MARICOPA COUNTY LOCAL APPROVER MARI01

Find

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
-->	167359	MARI01	07/28/2015		Pending Local Approval
-->	113778	MARI01	09/05/2014		In Manual Review

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date
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Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
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Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending IRMS/Facility
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Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility
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Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility	Reject Date
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Create Order

Create Transfer



- When the County Local Approver reviews your order they will do one of three things:
 - Approve the entire order
 - If there are no issues, they will submit it to the State
 - Approve most of the order, deny some
 - If there are a few issues, they will deny some of the lines in the order, but submit the rest of the order to the State
 - Deny the entire order
- Be sure to check the Current Order/Transfers List screen for order updates in the Status section.