VFA Order Placement Training Module

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

Last Revision: August 2015

Arizona Department of Health Services

- 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.

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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

Arizona Department of Health Services 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

Home Logout Select Application Select Organization (IRMS) Select Facility Select VFC Pin MyIR Message Favorites Patient Vaccinations Exec. Dashboard Organization (IRMS) Facilities Physicians & Vaccinators Lot Numbers ✓ Orders/Transfers Alorte

Create/View Orders

Modify Order Set Approve Orders Approve Transfer Approved Orders Local Vaccine Allocations Accountability Submission Vaccine Returns Cold Storage

Patient Search			Click here to use the 'advanced' search
First Name or Initial:		WIC ID:	
Last Name or Initial:		SIIS Patient ID / Bar Code:	
Birth Date:		Chart Number:	
Family and Address Informat	ion:		
Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select 🔻
Zip Code:		Phone Number:	
Country:	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.

Clear Search

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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/Tr	ransfer List							
Organization (IRM	IS): MARICOPA COUNTY LC	CAL APPR	OVER	V Facint	y: MARIO1 🗸 🗸	PIN: MARI01	/	
Current Organization	n (IRMS)/Facility: MARICOPA	COUNTY LO	CAL A	PPROVE	R MARI01			
								Find
Inbound Orders								
Select	Order Number	PI	N	Su	ıbmit Date	Арр	roval Date	Status
Backordered Or	ders							
Select	Order Number		PIN		Submit Date		Backorder	Date
Dealed Orders								
Denied Orders	Ordor Numb	ar.		DIN	Subr	nit Dato	Doni	ial Dato
361601	Order Number	51		FIN	3001	Int Date	Den	ai Date
Inbound Transfe	ers							
Select	Transfer Number		PIN		Submit Date		Sending IRMS/Fac	ility
Outbound Trans	fers							
Select	Transfer Number		PIN	St	ubmit Date		Receiving IRMS/Fac	ility
Rejected Transfe	ers Transfor Numbor	DIN	Subr	nit Dato	D/	acoiving IPMS/Ear	sility	Poinct Date
Select	Induster Number	PIN	Subi	nit Date	n.	eceiving ikwo/rac	anty	Reject Date
							Create Order	Create Transfer
								Arizona Departm <u>ent of</u>
								Health Services

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 (IR	MS): MARICOPA COUNTY	LOCAL AP	PROVER		First Name:	JENNIFER	२		
Facility: MARIO	(000)500 0070				Middle Name:	DAMOON			
Phone Number:	(002)506-6373				Last Name:	1645 EAS			E 2027
Email:				_	City:	PHOENIX	1100	SEVEEI SON	L 2021
					State:	AZ			
					Zip:	85006			
Monday:	09:00 🗸 12:0	0 🗸 13	:00 🗸 17	7:00 🗸	Tuesday:	09:	00 🗸	12:00 🗸	13:00 🗸 17:00 🗸
Wednesday:	□ 09:00 ∨ 12:0	0 🗸 13	:00 🗸 17	7:00 🗸	Thursday:	09:	00 🗸	12:00 🗸	13:00 🗸 17:00 🗸
Friday:	□ 09:00 ∨ 12:0	0 🗸 13	:00 🗸 17	7:00 🗸					
PIN: MARI01		1	[Instructions:				
Order Date: 07/	28/2015				Order Status: In	Progress			
Submitter: KEL	SEY PISTOTNIK VFC (KELS	EY)							
Comments:									
Inventory Last S	ubmitted: 07/28/2015								
Last Order Subm	itted: 03/12/2015 09:21:11 AM	Λ							
Order Set:	317 MARICOPA C	OUNTY / D	istributor	`	~				
Inventory Trans	action Report Lot Numbe	r Summary	Edit Ten	nperature					
Order Frequency	: Monthly Order Timing	:			_				
Order Schedule:									
Order Details									
Vaccine	Description	Dose Used Last Month	Physical Inventory	Loca Allocati	I Provider on Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50			select V	
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41	0	322	200	70			select 🗸	
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01	0	228	350	50			select 🗸	
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681- 00	0	394	100	70			select V	
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400- 10	0	72	500	100			select V	

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If your VFA vaccine is located in the same cold storage unit as your VFC vaccine and you have entered all of the temps in ASIIS under the ASIIS VFC account, please include a message in the comments section on the Current Order/Transfer List screen.

Create Order														
Organization (IRM	IS): MARICOPA COUNTY	LOCAL AF	PROVER	Fir	rst Name:	JENN	FER							
Facility: MARI01	(000)500 0070			Mi	ddle Name:									
Phone Number:	(602)506-6373			La	st Name:	DAVIS		000	EVELT	ошт	- 2027			
Phone Extension	•			Au	iaress:	1040 t		005	EVELI	SUIT	= 2027			
zillall.				St	iy. ate:	47								
				Zir	D:	85006								
Monday:	09:00 12:	00 🗸 13	:00 🗸 1	7:00 V Tu	esdav:		09:00	\mathbf{v}	12:00	$\mathbf{\sim}$	13:00		17:00	\mathbf{v}
Wednesday:	09:00 12:	00 🗸 13	00 🗸 1	7:00 V Th	ursday:		09:00	$\overline{\mathbf{v}}$	12:00	$\overline{}$	13:00		17:00	$\overline{\mathbf{v}}$
Friday:			00 🗸 1	7:00 🗸				-		-				
PIN: MARI01				Ins	structions:									
Order Date: 07/2	29/2015			Or	der Status:	In Proare	SS							
Submitter: KELC	EY PISTOTNIK VEG (KELC	DEV)												
Comments:	Vaccine in VFC co	old storage u	nit - please	see temps fo	r 0907									
inventory Last Si	apmilled: 07/28/2015													
Last Order Submit	tted: 07/28/2015 02:42:11 PI	M												
Onder Cate	217 MARICORA (COUNTY / D	istributor	~										
Order Set:	STI WARICOFAC			-										
Inventory Trans	action Report Lot Number	er Summary	Edit Ter	nperature										
Inventory Trans Order Frequency	action Report Lot Number: Monthly Order Timing	er Summary	Edit Ter	nperature										
Inventory Trans Drder Frequency Order Schedule:	action Report Lot Number : Monthly Order Timing	er Summary J:	Edit Ter	nperature										
Inventory Transa Order Frequency Order Schedule: Order Details	action Report Lot Number: Monthly Order Timing	er Summary J:	Edit Ter	nperature										
Inventory Trans Order Frequency Order Schedule: Order Details Vaccine	action Report Lot Number : Monthly Order Timing Description	er Summary g: Dose Used Last Month	Edit Ter Physical Inventory	nperature Local Allocation	Provider Allocation	Order Quantit	y Urge	ent	Priorit Reason	y n	C	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose -	Image: Construction Report Lot Number : Monthly Order Timing Description ADULT HAVRIX 10PK SYDINGE 58160,0828,52 SYDINGE 58160,0828,52	er Summary j: Used Last Month 0	Physical Inventory	Local Allocation 100	Provider Allocation 50	Order Quantit	y Urge	ent 	Priorit Reason	y n	С	omme	ents	
Inventory Trans Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52 ADULT GARDASIL 10PK	p: Dose Used Last Month 0	Physical Inventory	Local Allocation 100	Provider Allocation 50	Order Quantit	y Urge	ent	Priorit Reason select	y n	С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent	Image: Control of the second	o Summary g: Used Last Month 0	Edit Ter Physical Inventory 144 322	Local Allocation 100 200	Provider Allocation 50 70	Order Quantit	y Urge	ent 	Priorit Reason select select	y n ~ [С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent	Image: Control of the second	Dose Used Last Month 0	Edit Ter Physical Inventory 144 322	Local Allocation 100 200	Provider Allocation 50 70	Order Quantit	y Urge	ent 	Priorit Reason select select	y n ~ [С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening. (MCV4O)	ADULT HAVRIX 10PK SYRINGE 58160-0826-52 ADULT GARDASIL 10PK 1 DOSE VIAL 46028-0208- 242	Dose Used Last Month 0	Edit Ter Physical Inventory 144 322 228	Local Allocation 100 200 350	Provider Allocation 50 70 50	Order Quantit	Urge	ent	Priorit Reason select select select	y ~ [~ [С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening, (MCV4O)	ADULT HAVRIX 10PK 1 Constraints Constraint	Dose Used Last Month 0	Edit Ter Physical Inventory 144 322 228	Local Allocation 100 200 350	Provider Allocation 50 70 50	Order Quantit	y Urge	ent 	Priorit Reason select select select	y n ~ (С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening. (MCV4O) MMR	ADULT HAVRIX 10PK SVRINGE 58160-0826-52 ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MMRII 10PK 1 DOSE VIAL 00006-4681-	er Summary J: Used Last Month 0 0	Edit Ter Physical Inventory 144 322 228 394	Local Allocation 100 200 350 100	Provider Allocation 50 70 50 50 70	Order Quantit	y Urge	ent 	Priorit Reason select select select select	y ▼ [▼ [▼ [С	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening, (MCV4O) MMR	ADULT HAVRIX 10PK SVRINGE 58160-0826-52 ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MERIVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MMRII 10PK 1 DOSE VIAL 00006-4681- 00	er Summary J: Used Last Month 0 0	Edit Ter Physical Inventory 144 322 228 394	Local Allocation 100 200 350 100	Provider Allocation 50 70 50 50 70	Order Quantit	Urge	ent 	Priorit Reason select select select select	y ▼ [▼ [▼ [C	omme	ents	
Inventory Transi Order Frequency Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening. (MCV4O) MMR Tdap	ADULT HAVRIX 10PK SVRINGE 58160-0826-52 ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MMRII 10PK 1 DOSE VIAL 46028-1040-	er Summary J: Used Last Month 0 0 0 0 0	Edit Ter Physical Inventory 144 322 228 394 72	Local Allocation 100 200 350 100 500	Provider Allocation 50 70 50 70 100	Order Quantit	y Urge	ent	Priorit Reason select select select select	y ▼ [▼ [▼ [▼ [C	omme	ents	
Inventory Transi Drder Schedule: Order Schedule: Order Details Vaccine Hep A 2 dose - Adult HPV, quadrivalent Mening. (MCV4O) MMR Tdap	ADULT HAVRIX 10PK SVRINGE 58160-0826-52 ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01 ADULT MMRII 10PK 1 DOSE VIAL 40281-0400- 10	Pr Summary J: Used Last Month 0 0 0	Edit Ter Physical Inventory 144 322 228 394 72	Local Allocation 100 200 350 100 500	Provider Allocation 50 70 50 70 70 100	Order Quantit	y Urge	ent	Priorit Reason select select select select select	y ▼ [▼ [▼ [▼ [▼ [C	omme	ents	

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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	Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50			select 🗸	
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41	0	322	200	70			select 🗸	
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01	0	228	350	50			select 🗸	
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681- 00	0	394	100	70			select 🗸	
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400- 10	0	72	500	100			select 🗸	
Tdap	ADULT BOOSTRIX 10PK SYRINGE 58160-0842-52	0	320	100	40			select 🗸	
Varicella	ADULT VARIVAX 10PK 1 DOSE VIAL 00006-4827- 00	0	430	100	70			select 🗸	
Zoster, live	ADULT ZOSTER 10PK 1 DOSE VIAL 00006-4963- 41	0	1165	200	100			select 🗸	
Hep A/Hep B - Adult	ADULT TWINRIX 10PK 1 DOSE VIALS 58160-0815- 11	0	369	200	50			select V	
Hepatitis Badult	ADULT ENGERIX 10PK 1 DOSE VIAL 58160-0821- 11	0	302	70	50			select V	
Hepatitis Badult	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006- 4995-41	0	0	60	40			select V	
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			select 🗸	
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006- 4943-00	0	0	40	40			select 🗸	
							Can	cel Save (Order Submit Order

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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	Urgent	Priority Reason	Comments
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50	0		select 🗸	
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41	0	322	200	70	0		select 🗸	
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01	0	228	350	50	0		select 🗸	
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681- 00	0	394	100	70	0		select 🗸	
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400- 10	0	72	500	100	0		select 🗸	
Tdap	ADULT BOOSTRIX 10PK SYRINGE 58160-0842-52	0	320	100	40	0		select 🗸	
Varicella	ADULT VARIVAX 10PK 1 DOSE VIAL 00006-4827- 00	0	430	100	70	0		select 🗸	
Zoster, live	ADULT ZOSTER 10PK 1 DOSE VIAL 00006-4963- 41	0	1165	200	100	0		select 🗸	
Hep A/Hep B - Adult	ADULT TWINRIX 10PK 1 DOSE VIALS 58160-0815- 11	0	369	200	50	0		select 🗸	
Hepatitis Badult	ADULT ENGERIX 10PK 1 DOSE VIAL 58160-0821- 11	0	302	70	50	0		select 🗸	
Hepatitis Badult	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006- 4995-41	• 0	0	60	40	40		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		select 🗸	
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006- 4943-00	0	0	40	40	40		select 🗸	
							Can	cel Save C	Order Submit Order

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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 D)etails									
Vacc	ine	Description	Dose Used Last	Physical Inventory	Local Allocation	Provider Allocation	Order Quantity	Urgent	Priority Reason	Comments
Hep A 2 Adult	C Se	lect Exception Comm	ents - Wi	ndows In	ternet Exp	lorer prov	rided by	ADHS		×
HPV, quadriva		One or more of your	vaccine o	orders is o	utside the	recommen	ded orde	r quant	tity.	<u> </u>
Mening. (MCV4C		This exception will b Select an Exception	e manual Descripti	ly reviewe on below a	d before it and click S	is approve ubmit to pla	d. Ice this o	order.		
MMR										
Tdap		Exception Description	Other				~	←		
Tdap		Exception Comment	Placing	first vaccin	e order					
Varicella							Can	icel	Submit	
Zoster, I										
Hep A/H Adult										
Hepatitis										
Hepatitis										✓
Pneumoc (PPSV)	occal	10PK 1 DOSE SYRN 00006-4837-03	0	24	100	70				
Pneumoc PCV-13	occal,	ADULT PREVNAR 13 10PK 1 DOSE SYRINGE 00005-1971-02	0	50	40	40	0		select 🗸	
Pneumoc (PPSV)	occal	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006- 4943-00	0	0	40	40	40		select 🗸	
								Can	cel Save	Order Submit Order

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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	Commen	ts
Hep A 2 dose - Adult	ADULT HAVRIX 10PK SYRINGE 58160-0826-52	0	144	100	50	60		select 🗸		
HPV, quadrivalent	ADULT GARDASIL 10PK 1 DOSE VIAL 00006-4045- 41	0	322	200	70			select V		
Mening. (MCV4O)	ADULT MENVEO 5PK 1 DOSE VIAL 46028-0208- 01	0	228	350	50			select V		
MMR	ADULT MMRII 10PK 1 DOSE VIAL 00006-4681- 00	0	394	100	70			select 🗸		
Tdap	ADULT ADACEL 10PK 1 DOSE VIAL 49281-0400-	0	72	500	100			select 🗸		
Tdap	ADULT BE Message from v SYRINGE	vebpage	-	-				select 🗸		
Varicella	ADULT V/ DOSE VIA 00 Ord	er quantity	exceeds the a	Illocation. Do	you want to	continue?		select V		
Zoster, live	ADULT ZO DOSE VIA 41							select V		
Hep A/Hep B - Adult	ADULT TV DOSE VIA 11				ОК	Cancel		select V		
	ADULT ENGERIX TUPK T						_			
Hepatitis Badult	DOSE VIAL 58160-0821- 11	0	302	70	50			select V		
Hepatitis <mark>Badult</mark>	ADULT RECOMBIVAX 10PK 1 DOSE VIAL 00006- 4995-41	0	0	20	0	10		select V		
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			select V		
Pneumococcal (PPSV)	ADULT PNEUMOVAX23 10PK 1 DOSE VIAL 00006- 4943-00	0	0	0	0	10		select 🗸		
							Car	cel Save C	Order Submit	Order

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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.

Solant Oru	ers Orden Normhen	DIN	Cultureit	Dete	Anneural Dete		Status
Select	167250	PIN MADI01		Date	Approval Date	Bong	Status
	107559	WARIUT	0//20/20	015		rent	ang Local Approval
>	113778	MARI01	09	9/05/2014			In Manual Review
ckordered	Orders						
Select	Order	Number	PIN	Sub	mit Date	В	ackorder Date
enied Order	S _						
Select	Orc	ler Number		PIN	Submit Date		Denial Date
bound Tran	sfers						
Select	Transfer N	lumber	PIN	Submit D	ate	Sending	IRMS/Facility
utbound Tra	nsfers						
Select	Transfer N	umber	PIN	Submit Dat	e	Receiving	IRMS/Facility
jected Tran	isfers						
Select	Transfer Number	r PIN	Submit	Date	Receiving IR	MS/Facility	Reject Date

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- 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.

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