2016-2017 **APCI Influenza Vaccine** ORDER FORM



Contract Affiliation

| | MyFluV | accine.com | | | |
|---------------------------------|--------|--|--|--|--|
| Telephone | Fax | Purchase Order Number | | | |
| FFF Account Number | | State License Number | | | |
| Order Placed By | | Email Address | | | |
| Customer's Special Instructions | | | | | |
| Ship To | | Bill To | | | |
| | | | | | |
| Attn: | | Attn: | | | |
| | | | | | |
| | | | | | |
| | lf | your preferred delivery date is not available, an FFF representative | | | |

PREFERRED DELIVERY DATE:

will call you to confirm an alternate date.

I accept delivery as availability permits (ANY TIME BEFORE requested delivery date).
I only accept delivery within one (1) week of requested delivery date.

| Item No. | Description | Dose | U/M | Price** | Qty. in Boxes or Vials |
|---|--|-----------------|--------------|------------|---------------------------|
| Seqirus | | | | | |
| FLU111910 | Fluvirin® Influenza Virus Vaccine 5mL 10-dose vial 4 years of age and older (no latex) | \$9.159** | Vial | \$91.59** | |
| FLU111902 | Fluvirin® Luer Lock Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 4 years of age and older | \$10.738** | Box of 10 | \$107.38** | |
| FLU061501 | Flucelvax® Quadrivalent Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 4 years of age and older (no preservatives or antibiotics) † | \$14.994** | Box of 10 | \$149.94** | |
| FLU000101 | Fluad™ Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 65 years of age and older (no preservatives) | \$30.498** | Box of 10 | \$304.98** | |
| FLU211610 | Afluria® Influenza Virus Vaccine 5mL 10-dose vial 5 years of age and older (no latex) (ACIP recommends 9 years of age and older) | \$9.159** | Vial | \$91.59** | |
| FLU211601 | Afluria® Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 5 years of age and older (no preservatives or latex) (ACIP recommends 9 years of age and older) | \$10.738** | Box of 10 | \$107.38** | |
| **Exclusive of Federal Excise Tax of \$0.75 per dose. | | † Flucelvax Qua | drivalent | | |

Pending approval (age of 4 years and older and product licensing) expected early 2016, available for booking now.

Exclusive of Federal Excise Tax of \$0.75 per dose.

Seqirus Returnability Up to 30%, per presentation type, of doses are eligible for return. Supersedes all previous returnable programs.

| Sanofi Pasteur | | | | | |
|---|---|------------|--------------|------------|--|
| FLU062515 | Fluzon Querkiv lendofluero Viru Marcine 5mL 10-c s Viru L D (no tatex) | \$14.717** | Vial | \$147.17** | |
| FLU051625 | Fluzone• Quadrivalent Influenza Virus Vaccine 0.25mL prefilled syringes, needleless, 10 per box 6-35 months of age (no preservatives or latex) | \$20.84** | Box of 10 | \$208.40** | |
| FLU041650 | Fluzone• Quadrivalent Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 3 years of age and older (no preservatives or latex) | \$15.883** | Box of 10 | \$158.83** | |
| FLU041610 | Fluzone• Quadrivalent Influenza Virus Vaccine 0.5mL single-dose vials, 10 per box 3 years of age and older (no preservatives or latex) | \$16.36** | Box of 10 | \$163.60** | |
| FLU039965 | Fluzone• High-Dose Influenza Virus Vaccine 0.5mL prefilled syringes, needleless, 10 per box 65 years of age and older (no preservatives or latex) | \$35.674** | Box of 10 | \$356.74** | |
| FLU071040 | Fluzone• Intradermal Quadrivalent Influenza Virus Vaccine 0.1mL prefilled microinjection system, 10 per box 18 through 64 years of age (no preservatives or latex) | \$15.883** | Box of 10 | \$158.83** | |
| **Exclusive of Federal Excise Tax of \$0.75 per dose | | | | | |
| Sanofi Pasteur Returnability | | | | | |
| Up to 30%, per presentation type, of doses are eligible for return. | | | | | |

Supersedes all previous returnable programs.

| Item No. | Description | Dose | U/M | Price** | Qty. in Boxes or Vials | |
|---|---|-----------|--------------|------------|---------------------------|--|
| GlaxoSmithKline | GlaxoSmithKline | | | | | |
| FLU090311 | FluLaval® Quadrivalent Influenza Virus Vaccine 5mL 10-dose vial 3 years of age and older (no latex) | \$15.02** | Vial | \$150.20** | | |
| FLU090552 | Fluarix® Quadrivalent Influenza Virus Vaccine 0.5mL pr. ^{Ciri} e S if ges n edic es , 0 er lox 3 years or age and order no preceivaries or latex) | \$16.07** | Box of 10 | \$160.70** | | |
| GlaxoSmithKline Up to 30%, per pr | al Excise Tax of \$0.75 per dose • Returnability esentation type, of doses are eligible for return. evious returnable programs. | | | | | |
| MedImmune | | | | | | |
| FLU011410 | FluMist• Quadrivalent Influenza Vaccine Live, Intranasal 0.2mL prefilled, single-use Intranasal spray 2 years to 49 years of age (no preservatives or latex) | \$22.95** | Box of 10 | \$229.50** | | |
| **Exclusive of Feder | al Excise Tax of \$0.75 per dose. | | | | | |
| Protein Sciences | | | | | | |
| FLU001610 | Flublok Influenza Vaccine 0.5mL single-dose vials, 10 per box 18 years and older (no eggs, influenza virus, preservatives, antibiotics or latex) | \$35.00** | Box of 10 | \$350.00** | | |
| **Exclusive of Federal Excise Tax of \$0.75 per dose. Returnability – Up to 30% of doses are eligible for return. | | | | | | |
| Total Order Quantity | | | | | | |
| Customer represents warrants and agrees that Customer is purchasing products from FFF for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that FFF is relying on this representation in making its decision to sell products to Customer. | | | | | | |
| Orders can be cancelled or reduced on or before July 1, 2016. Please refer to each manufacturer's specific terms regarding discounts, rebates and return policies. | | | | | | |
| Please complete and fax this form to FFF Enterprises: (800) 418-4333. If you have questions, call (800) 843-7477 or visit MyFluVaccine.com. | | | | | | |
| I have ordered the quantities listed above and agree to the terms that apply: | | | | | | |
| Authorized Signat | Authorized Signature: Date: Thank you for supporting FFF's Guaranteed Channel Integrity! Integrity! | | | | | |