

# COVID-19 Vaccine Ordering

JUNE 8, 2021



## INSTRUCTIONS

All COVID-19 vaccine requests are submitted electronically in Florida SHOTS. The Vaccines for Children (VFC) Program office will then approve your order request and submit the request to the Centers for Disease Control and Prevention for processing. This guide provides step-by-step instructions to follow and successfully complete your site's COVID-19 order request.

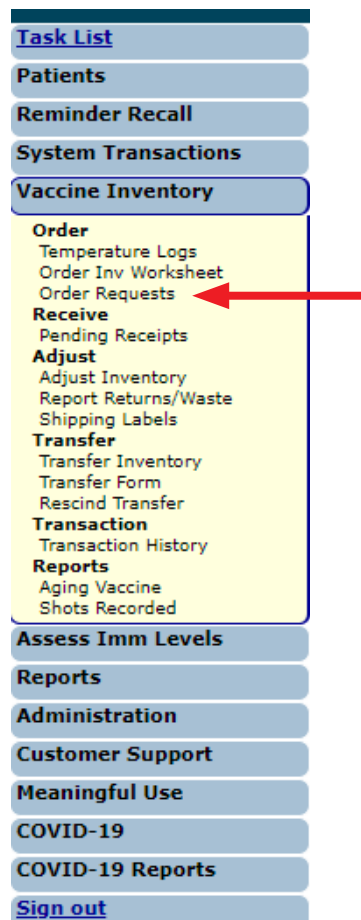
### STEP 1

Log into Florida SHOTS.

### STEP 2

Click on **“Order Requests”** from the **“Vaccine Inventory”** drop-down menu. This will bring up the **Order Request** page for your VFC site.

**NOTE:** If you work with multiple VFC sites within your organization, you will have to select the PIN for site you wish to work with from the VFC PINs drop-down list.



**STEP 3**

Once on the **Order Request** page, click on the **“Effort”** drop-down list and select **“COVID-19 (not VFC elig)”**. Then click the **“Add New COVID-19 NonVFC Order Request”** button.

**Order Request**

PIN:

Org Name: BASKSPACE

Site Name:

Central Pharmacy: No

[Temp Logs for PIN: 700835](#)

**VFC Shipping Address**

Line 1: 456 TESTING SITE

Line 2:

City: TALLAHASSEE

State: FL Zip: 32222

**VFC Shipping Contact Info**

Phone: (850)245-4444

Fax: (850)245-4444

Email: NOTVALID@FLSHOTS.COM

Contact: KRISH PRIMARY

No Order Requests found

Effort:

**STEP 4**

This brings you to the **“COVID-19 NonVFC – Doses Requested and Approved”** page. From here, begin filling in the **“# of Doses Requested”** field for your order request.

**NOTE:** Pay close attention to the **“Doses Available”** column. You can order up to the amount listed. If you enter an amount that exceeds that number, a warning will appear in this column.

Organization: BASKSPACE		Order Request Create Date: 06/04/2021		Order Request Status: ** New **		Order Request #: COVID-19 NonVFC	
<p>VFC PIN: 700835</p> <p>Name of Physician's office, practice, clinic, etc. (BASK COVID SITE3)</p> <p>Delivery Address (Number and Street - No PO Boxes) 456 TESTING SITE, TALLAHASSEE, FL 32222</p> <p>Provider's designated ordering schedule is: ALL: Any day of any month.</p> <p>The Provider orders Vaccines of Type: Both (DirectShip and Non-DS)</p>				<p>Contact Person: KRISH, PRIMARY</p> <p>Telephone: (850)245-4444</p> <p>Fax: (850)245-4444</p>			
Brand Name	Packaging \$ per dose	Intent	# of Doses* Requested	# of Doses* Approved	Total Cost to VFC for Doses Approved	Doses Available	
COVID-19 JANSSEN 59676-0580-15	(5 doses per Multi-Dose Vials) x 10 \$ 0.0100	ADU	<input type="text"/>	<input type="text"/>	\$ 0.00	20000 doses	
Presentation: COVID-19 Moderna 10							
COVID-19 Moderna 10 80777-0273-99	(10 doses per Multi-Dose Vials) x 10 \$ 0.0100	ADU	<input type="text"/>	<input type="text"/>	\$ 0.00	20000 doses	
Presentation: COVID-19 Moderna 14							
COVID-19 Moderna 14 80777-0273-99	(14 doses per Multi-Dose Vials) x 10 \$ 0.0100	ADU	<input type="text"/>	<input type="text"/>	\$ 0.00	19880 doses	
Presentation: COVID19 Pfizer 1170 Ultra-cold							
COVID-19 Pfizer 1170 59257-1000-02	(6 doses per Multi-Dose Vials) x 195 \$ 0.0100	ADU	<input type="text"/>	<input type="text"/>	\$ 0.00	19890 doses	
Presentation: COVID19 Pfizer 450 Ultra-cold							
COVID-19 Pfizer 450 59257-1000-03	(6 doses per Multi-Dose Vials) x 25 \$ 0.0100	PED	<input type="text"/>	<input type="text"/>	\$ 0.00	19800 doses	
COVID-19 Pfizer 450 59257-1000-03	(6 doses per Multi-Dose Vials) x 25 \$ 0.0100	ADU	<input type="text"/>	<input type="text"/>	\$ 0.00	19800 doses	
Total for all COVID19 Pfizer 450 Ultra-cold Brands:					\$ 0.00	19800 doses	

# of Doses* Requested	# of Doses* Approved	Total Cost to VFC for Doses Approved	Doses Available
<input type="text" value="25000"/>	<input type="text"/>	\$ 0.00	20000 doses
Warning: The requested doses exceed the # of doses available			

**STEP 5**

Review the “**Requested Doses by Presentation Summary**” chart at the bottom of the page.

**NOTE:** If you entered an amount that exceeded the doses available for that vaccine type, you will be required to select a “**Reason for Overage**” in the drop-down box.

Requested Doses by Presentation Summary

Presentation	Doses Available	Requested Doses	Approved Doses	Reason for Overage
COVID-19 Janssen	20000	25000 *	0	— select —
COVID-19 Moderna 10	20000	0	0	— select —
COVID-19 Moderna 14	19880	0	0	— select —
COVID19 Pfizer 1170 Ultra-cold	19890	0	0	— select —
COVID19 Pfizer 450 Ultra-cold	19800	0	0	— select —

**STEP 6**

When you are ready to submit your order request, check the “**Request Complete - Ready for VFC Approval**” check box, then click “**Submit.**”

Total Cost to VFC for this Order Request: \$ 0.00

Request Complete - Ready for VFC Approval

Order Quantities Approved - Ready for Export  
(Differences between Doses Approved and Doses Requested exist)

**HELP DESK**

**FREE TECHNICAL SUPPORT:**

877-888-7468 (SHOT)  
MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

**INCLUDING:**

- Merging duplicate patient records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Requesting Florida SHOTS materials