**Checklist for practices intending to source aTIV from a Pharmacist or a GP Practice using the MHRA guidance circulated by NHSE 2018/19**

**This form must be completed and signed by both the provider supplying the vaccine and the provider taking receipt of the vaccine**

**Each provider should keep a copy of this form and a copy should be sent to the SIT team**

**PART ONE – TO BE COMPLETED BY THE PRACTICE REQUIRING STOCKS OF aTIV**

|  |  |
| --- | --- |
| **Question** | **Information and Additional Comments** |
| Practice code |  |
| Name and address of practice requiring a supply of aTIV |  |
| Practice’s named lead for seasonal flu vaccination |  |
| SIT named lead for seasonal flu vaccination | We will prepopulate |
| CCG named lead for seasonal flu vaccination | We will prepopulate |
| Total number of aTIV vaccines now required,  based on last season’s uptake (this should not include doses you have available) |  |
| Please confirm which local pharmacy/pharmacies your practice has contacted to supply aTIV directly to the practice and what number of vaccines they can supply if any |  |

**PART TWO**

**This section must be signed by both the provider supplying the vaccine**

**and the provider taking receipt of the vaccine.**

**One form is required per provider supplying vaccine**

|  |  |  |
| --- | --- | --- |
|  | Signature of Provider Supplying the Vaccine | Signature of the Provider Taking Receipt of the Vaccine |
| By completing this form your organisation is confirming that the surgery or pharmacy directly providing aTIV vaccines has stored them in the correct temperature controlled conditions and that the receiving organisation is assured of this |  |  |
| By completing this form, you confirming that the surgery or pharmacy directly providing aTIV vaccines has confirmed record keeping of temperature monitoring is available and that the receiving organisation is assured of this |  |  |
| By completing this form, you are confirming that the aTIV vaccines can be transported appropriately under the right conditions as per the Green book guidance |  |  |
| The practice and provider by signing this form agree and confirm that only one provider will invoice for the vaccine costs and only one provider will invoice for the cost of giving the vaccine to the patient. NHSE reserves the right to audit invoicing data |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Invoicing for the cost of the vaccine | | Provider invoicing for the cost of giving the vaccine to the patient | |
| Signed by the supplier and receiver | Provider Supplying the Vaccine  Name and address | | Provider taking receipt of the vaccine  Name and address |