

McKesson Specialty Care Dist.
4100 Quest Way
Memphis, TN 38115

Packing Slip

This is not an invoice

Page 1 of 2

Ship-to:



Awardee:



Provider PIN:

Delivery Number:

Quality Check Date:

Customer Contact:



Internal use only



NDC	Customer P.O.	Material Description Manufacturer	MFR Lot#	Exp. Date	VFC Doses	317 Doses	State Doses	CHIP Doses	Order Qty	Ship Qty	Unit Price	Extended Price
66019-0110-10	0503965322	FLU; SPRAYER; 10-pack MedImmune Vaccines Inc	AJ2025	11/30/2014	20	5	3	2	30	30	\$17.30	\$519.00
Total									30	30		\$519.00

This vaccine was purchased with public (state, local, and/or federal) funds and may be administered only to patients eligible to receive publically-funded vaccine.

If you have questions about your order, or to retrieve a pedigree document for Rx product received on this packing list, please contact your Immunization Program for assistance.

The packing slip from McKesson will show the fund type for each vaccine on the vaccine request.

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VFC Doses - Federally funded vaccine - Vaccines For Children Program - Only children 0-18 years of age, Uninsured, Medicaid, Underinsured* or American Indian or Alaskan Native are eligible.

317 Doses - Federally funded vaccine - administer only to patients eligible to receive.

State Doses - State and Local funded vaccine - administer only to patients eligible to receive.

CHIP Doses - Separate Children's Health Insurance Program - administer only to patients eligible to receive.

For questions about patient eligibility please contact your Immunization Program for assistance.

*A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccine (eligible for non-covered vaccines only). VFC vaccine is eligible only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

IMPORTANT

Never reject vaccine delivery or discard vaccine shipments without first contacting your state/local immunization program.

Please carefully review this Packing Slip to make sure doses shipped match information stated on the slip.

SHIPMENT DISCREPANCIES - If an excess or shortage is noted, please contact your state/local immunization program listed above under "Awardee." Your state/local immunization program will work with McKesson to correct the issue.

Please have the following information ready when you call your state/local immunization program.

- Product name and description, Item NDC#, Excess or shortage amount, Delivery Number, Provider PIN #

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49281-0400-15	0503965322	TDAP; SYR; 5-pack SANOFI PASTEUR INC	U3049AA	12/30/2014	25	20	5	0	50	50	\$30.41	\$1,520.50
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	AFLUA239CA	12/30/2014					50	50		
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	CCB060283	12/31/2014					50	50		
					40	30	15	15	100	100	\$10.93	\$1,093.00
Total									250	250		\$2,613.50

This vaccine was purchased with public (state, local, and/or federal) funds and may be administered only to patients eligible to receive publically-funded vaccine.

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In this example, since there is one NDC with two different lot #'s, the fund type split detail for the full quantity for this NDC will appear on a separate line.