

Q-VAX (inactivated *Coxiella burnetti*) Product Supply Request Form

- Where possible and after assessing the risks of exposure to Q-fever, consider delaying testing and vaccination against Q fever
- Please **DO NOT** commence Q fever pre-screening (administration of skin test and serology) until you have available vaccine at your clinic.
- If your request is **urgent** please complete and return to gfeverrequest@seqirus.com
- Please note: completing an application for an urgent request **DOES NOT GUARANTEE** fulfillment of the request.

Clinic/Medical Centre ("Recipient"):

Address: _____

_____ Phone: _____

Email: _____

CSL Seqirus Customer Account Number: _____

If purchasing through a surgical wholesaler, please specify which one below:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Team Medical | <input type="checkbox"/> Icon Medical | <input type="checkbox"/> IFAS |
| <input type="checkbox"/> Ebos/Vital | <input type="checkbox"/> Yes Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> QML | <input type="checkbox"/> SSS Australia | |
| <input type="checkbox"/> All States Medical | <input type="checkbox"/> McFarlane Medical | |

No. of units required: Q-VAX Vaccine _____ Q-VAX Skin Test _____

Patient Occupation (Mandatory field): _____

Signed on behalf of Recipient: _____ Date: _____