Bureau for Public Health Immunization Services Division
500 Summers Street 2nd Floor Charleston, WV 25301

West Virginia ILINet Sentinel Provider Vaccine Request Form

Facility Name:	
Facility Address:	
Primary Contact Name:	
Phone Number:	
Email Address:	
Health Department for Pick Up:	
Number of Vaccine Doses Requested:	

In collaboration with the West Virginia Department of Health, Bureau for Public Health (BPH), and the CDC, West Virginia ILINet sentinel providers conduct vital surveillance for influenza-like illness.
To facilitate the vaccination process, these providers must first complete the required form, after which the Vaccine Program Manager will place the official order.

Once the vaccines are delivered to the Local Health Departments (LHDs), the LHD is responsible for notifying the providers that the supplies are ready for pickup; however, it is the sentinel provider's responsibility to notify the LHD of their program enrollment to ensure a seamless handoff. The sentinel providers will complete the form and email it to the Vaccine Program at OEPSimmunize@wv.gov

Signature: **Date:**