

# Packing Slip

This is not an invoice

**Provider PIN:** TXA030003  
**Delivery Number:** 201186745  
**Quality Check Date:** 09/24/2013  
**Customer Contact:** EMILY CARROLL

**Ship-to:**

CORSICANA NAVARRO CO PHD  
 618 N MAIN  
 CORSICANA, TX 75110  
 (903) 874-6711

**Awardee:**

TEXAS DEPT OF HEALTH  
 IMMUNIZATION PROGRAM  
 1100 WEST 49TH STREET  
 AUSTIN, TX 78756  
 (512) 458-7111

Internal use only



201186745

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
<b>Total</b>									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.

# Packing Slip

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**Ship-to:** CORSICANA NAVARRO CO PHD

**Awardee:** TEXAS DEPT OF HEALTH

<b>Provider PIN:</b>	TXA030003
<b>Delivery Number:</b>	201186745
<b>Customer Contact:</b>	EMILY CARROLL

**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 #