



# Tdap Cocoon Program Order Form

STATE OF CONNECTICUT  
IMMUNIZATIONS PROGRAM

1. FAX Form to: (860) 706-5429 email to [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov)
2. Please report **STATE-SUPPLIED (cocoon program) Tdap** vaccine only. Vaccines For Children (VFC) vaccine should be ordered on the VFC VOF.
3. [Click here](#) to download additional VOFs
4. **Questions?** Please Call: (860) 509-7929

**Please complete all sections of this order form**

		Date of order	PIN (4 digit)
Name of facility			
Shipping address		City	ZIP Code
Contact name		Phone	

Order Portion	Doses per pack	Doses Ordered	Doses on Hand	Expiration Date(s)	Lot Number(s)
Tdap VACCINE Boostric	10				

Doses Administered Portion	Doses Used	Births (for birth hospitals only)	Comments
Tdap VACCINE	Number of doses used since last order; enter "0" if none	Approximate number of live births since last order	
Postpartum*			
Infant Contacts†			
Hospital health care workers			
<b>Total</b>			

\* Refers to the birth mother only

† Infant contacts vaccinated other than the birth mother, who should be counted under the "Postpartum" category.

Revised 10/18