

REQUEST FOR VACCINIA (SMALLPOX) VACCINE

The Centers for Disease Control distributes Vaccinia Vaccine to physicians for immunization of laboratory personnel who are working with orthopox viruses. The vaccine must be administered by or under the supervision of a licensed physician.

To initially receive the vaccine the entire form must be completed and returned along with the FDA form 1572 (Statement of Investigator) to the address listed below. This 'Request for Vaccinia Vaccine' form must be completed and returned to CDC for each vial of vaccine required. Each vaccine must be reported on this form to the Drug Service prior to vaccination.

Physician: Amy Jane Behrman
(first) (middle) (last)

Clinic Name: Hospital of the University of Pennsylvania

Number and Street: 3400 Spruce Street

City: Philadelphia State: Pennsylvania Postal Code: 19104 Country: USA

Telephone: (215) 662-3192 Fax: (215) 614-0666

Head of the Laboratory doing research with vaccinia:

Institute of that individual, if other than above:

Number and Street:

City: State: Postal Code:

Telephone: () Fax: ()

Virus(es) involved:

Used in development of/study of:

If this virus is part of a Food and Drug Administration (FDA) approved Investigational New Drug (IND) Protocol, what is the IND number. (attach copy of protocol if this is your first request)

Name, age, position (e.g., research associate, virologist, etc.) and duties which could cause exposure of this individual to the virus used in this research project: (If more space is needed attach extra sheet)

Table with 3 columns: Name, Age, Position-Duties. Multiple rows for data entry.

PHYSICIAN'S SIGNATURE: Amy J. Behrman, M.D. Date:

Return to: Centers for Disease Control
Drug Service (D09)
1600 Clifton Road
Atlanta, GA 30333

CDC: NCID; SRP; Drug Service
SMLPOX, FRM