

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
- 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: _____

If purchasing through wholesaler please specify: _____

Customer Account Number: _____

Number required: Q-VAX Vaccine _____ Q-VAX Skin Test _____

Patient Occupation (Mandatory field): _____

Have you conducted a skin test as part of the Q fever immunisation screening procedures?

(Mandatory field):

Yes

No

If yes how many patients? _____

Signed on behalf of Recipient: _____ Date: _____