

**Application for a new ImmForm account**

Public Health England (PHE) provides vaccines to the NHS and other providers for use in the routine national immunisation programme, and these are ordered through ImmForm. Antivenom for the European Adder can also be ordered through your ImmForm account, while immunoglobulins for urgent treatment are ordered through RIGS@phe.gov.uk.

COVID treatments included in national trials can be ordered through ImmForm by sites which have been authorised by the relevant trial team. COVID treatments that sit outside the trials may become available for ordering and details will be communicated to sites via ImmForm order page and through regional NHSEI teams. COVID medicines can also be purchased via ImmForm by authorised wholesalers and other service providers.

To create a new delivery location for ordering purposes please complete this form and submit it to the ImmForm helpdesk at Helpdesk@immform.org.uk.

This form should not be used to add a new contact to an existing account or to amend an existing account address, please use the **Account Change Form** for these requests.

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| **Reminder: Centrally Supplied Vaccines**Please be reminded that, generally, centrally supplied vaccines cannot be used for private, outbreaks, travel or occupational health use – see [Chapter 3](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/223753/Green_Book_Chapter_3_v3_0W.pdf) of the Green Book (Immunisation against infectious disease). Vaccines can be ordered through ImmForm for outbreak purposes only where this is part of a national catch-up campaign (e.g. MMR vaccine), or if Bexsero (Meningitis B vaccine) is required. Bexsero can also be ordered for high risk groups such as those patients with asplenia, splenic dysfunction and complement disorders. The arrangement for Bexsero applies to customers who order vaccines through ImmForm in England, Wales and Scotland. If vaccine is required outside of the routine schedule (e.g. for occupational health purposes), then the organisation requiring the vaccine should contact manufacturers and wholesalers directly. However, PHE is able to supply BCG vaccine and Mantoux tests (PPD) for occupational health use. You will be invoiced for these vaccines by NHS Supply Chain. |

Please return this form in Word format as we do not accept PDF or photocopied forms.

Applications can take up to five working days to process and we may contact you for more detail if the information is incomplete.

**1. Reason for account: (Mandatory)**

**Please select all applicable:** (Please submit two forms if you require an NHS account and a private account)

[ ]  Vaccinating under routine immunisation programme

[ ]  Vaccinating patients as part of the HPV MSM programme

[ ]  Vaccinating patients in Occupational Health setting or privately

[ ]  Vaccinating as part of the national COVID-19 vaccine programme

[ ]  Immunoglobulin Holding Centre receiving deliveries ordered by the RIGs team

[ ]  Wholesaler receiving medicines for the COVID-19 response

[ ]  Other **Enter Information here**

**2. Your details: (Mandatory)**

1. **First Name: Enter Information here**
2. **Surname: Enter Information here**
3. **Job title: Enter Information here**
4. **Telephone: Enter Information here**
5. **Email address: Enter Information here**

**3. Organisation information: (Mandatory)**

1. **Organisation or group name: Enter Information here**
2. **Organisation address: Enter Information here**
3. **Your** [**organisational code**](https://odsportal.hscic.gov.uk/Organisation/Search)**: Enter Information here**
4. **Delivery point address (if different from above): Enter Information here**
5. **Site telephone number: Enter Information here**
6. **Please select the option that best describes your organisation: Choose an item.**

**‘Other’: Enter Information here**

If applicable:

* **Welsh and Scottish accounts ONLY:** Please specify your Health Board name:

 **Enter Information here**

* **GP Practices in England ONLY.** Would you like to view uptake data on ImmForm?

[ ]  **YES** [ ]  **NO**

* **Private organisations commissioned by the NHS to carry out NHS programme.** Please provide details of your commissioner here and contact details: **Enter Information here**

**4. Billing details: (Optional)**

**To ensure PHE meets with its legal requirements, please tick one of the below as appropriate.** **We are the one of the following registered organisations which can legally receive medicines:**

[ ]  Registered pharmacy [ ]  Private hospital

[ ]  Private GP practice [ ]  Wholesaler

[ ]  Other **Enter Information here**

**Billing Address: Enter Information here**

**Billing Email contact: Enter Information here**

**Billing Telephone: Enter Information here**

**5. Contacts to register to the new account: (Mandatory)**

**Enter details of contacts to register for ordering purposes in addition to yourself:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Email address** | **Job Title** | **Telephone** |
| **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** |
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**6. Accountability and professional registration: (Mandatory)**

Customers onwardly supplying medicines, please complete questions 1-4; if not complete questions 1-3.

**1 - Professional regulatory body**

[ ]  **GMC** - **General Medical Council** (please enter details in question 2 + 3 below)

[ ]  **GPhC** - **General Pharmaceutical** **Council** (please enter details in question 2 + 3 below)

[ ]  **NMC** - **Nursing and Midwifery Council** (please enter details in question 2 + 3 below)

[ ]  **WDL** - **Wholesale Dealer Licence** (please enter details in question 4 below)

[ ]  **Other Enter Information here** (please enter details in question 2 + 3 below)

**2 -Please enter the registration number of NHS healthcare professional on site who will take accountability of the medicines upon delivery : Enter Information here**

**3 -Please enter the name of registered NHS healthcare professional on site who will take accountability of the medicines upon delivery, whom the above details relate to**: **Enter Information here**

**4- Wholesale Dealer Licence number**: **Enter Information here**

(please submit a copy of your WDA and GDP)

**7. Declaration (All customers)**

Customers who order through ImmForm should ensure they meet all necessary legal requirements for the subsequent possession of medicines. This will be covered when they are acting on behalf of a registered medical practitioner with a licence to practice or because the use of the vaccine is authorised through a patient group direction.

I, **Name and Surname** agree the information above is true and correct. I also confirm that the site meets all legal requirements for the possession of medicines and has appropriate cold chain facilities to receive and store vaccines.

Date **Enter Date**.

**Important Note**

If centrally supplied vaccine is used for a purpose not authorised by Public Health England, then it should be replaced by privately purchasing the equivalent amount of vaccine, and this replacement vaccine made available for approved uses, such as the routine immunisation programme. Failure to do this may constitute fraud or theft. Vaccine misuse should be referred to the NHS Counter Fraud Authority or equivalent in devolved administrations.

PHE through ImmForm supplies products classed as `Medicinal Products’ which are regulated by the MHRA. As part of EU regulations for the distribution of medicinal products for human use (2001/83/EC) we are required to undertake customer validation checks therefore we reserve the right to restrict supply of Medicinal Products to validated customers only.

[**ImmForm Terms of Use**](https://portal.immform.phe.gov.uk/Footer-Pages/Terms-Of-Use.aspx) and [**ImmForm Privacy Policy**](https://portal.immform.phe.gov.uk/Footer-Pages/Privacy-Policy.aspx)

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*Official use only*

Pricelist Class: **Choose an item.** [ ] **COVID VACCINE**  [ ] **COVID TREATMENTS**

Notes: **Enter Information here**

ImmForm account number: **Enter Information here**

**Choose an item.**