**** Text

Description automatically generated

**ImmForm account change form**

UK Health Security Agency (UKHSA) 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](mailto: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 England and NHS Improvement (NHSEI) teams. COVID medicines can also be purchased via ImmForm by authorised wholesalers and other service providers.

To add a new contact to an existing account or to amend an existing account address please complete this form and return it to the ImmForm helpdesk at [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk).

This form should not be used to create a new delivery location for product deliveries. Please use the **Application for a new ImmForm account** 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, UKHSA can 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. Purpose of this change request: (Mandatory)**

**1.1 Purpose for change. Please select all that are applicable:**

Register/update orderers on an existing account

Update a delivery point details (e.g. name, address, contact details)

Update billing details (private accounts only)

Update an organisation code (e.g. merged with another site)

Update the registered healthcare professional details or contacts

Other **Enter Information here**

**1.2 Please select all that apply:**

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

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. ImmForm account details: (Mandatory)**

1. **ImmForm account number (10-digit number on ordering page): Enter Information here**
2. **Your current** [**organisational code**](https://odsportal.digital.nhs.uk/Organisation/Search)**: Enter Information here**
3. **Account Name (Organisation or group name): Enter Information here**
4. **Address Line 1: Enter Information here**

**Address Line 2: Enter Information here**

**Address Line 3 Enter Information here**

**Town/City: Enter Information here**

**Postcode: Enter Information here**

1. **Site telephone No: Enter Information here**
2. **Please select the option that best describes your organisation: Choose an item.**

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. Organisation changes: (If applicable)**

1. **New organisation code: Enter Information here**
2. **Account Name (Organisation or group name): Enter Information here**

**Address Line 1: Enter Information here**

**Address Line 2: Enter Information here**

**Address Line 3: Enter Information here**

**Town/City: Enter Information here**

**Postcode : Enter Information here**

1. **New site telephone No: Enter Information here**
2. **Are the above changes due to a merger?**

**YES** (answer question 6 + 7 below)  **NO** (proceed to section 5)

1. **Has the organisation become a branch site?  YES  NO**
2. **Please select the date when the IT systems are due to merge: Click or tap to enter a date.**
3. **Please provide additional information regarding the merger here: Enter Information here**

**5. List all existing orderers and new orderers for your account: (Mandatory)**

**\*UKHSA does not accept shared mailboxes for traceability purposes\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Email address** | **Job Title** | **Telephone** | **Delete/Add** |
| **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | ADD  DELETE  KEEP |
| **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | ADD  DELETE  KEEP |
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| **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | **Enter Information here** | ADD  DELETE  KEEP |

**6. Accountability and professional registration (Mandatory)**

Customers onwardly supplying medicines, please complete questions 1-5, if not complete question 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** (please submit this form along with a copy of your WDA and GDP): **Enter Information here**

**5- We are a Wholesalers supplying under our third-party site:** : **Enter Information here**

**7. Change to invoice details: (If applicable)**

**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**

**New billing address: Enter Information here**

**New billing email contact: Enter Information here**

**New billing telephone No: Enter Information here**

**Change of Health Board, please specify: Enter Information here**

**9. Declaration: (Mandatory)**

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 UK Health Security Agency (UKHSA), 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.

UKHSA through ImmForm (UKHSA ordering system) supplies products classed as `Medicinal Products’ which requires a wholesale distribution authorisation granted by the MHRA. Under the terms of our licence 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**

**Notes: Enter Information here**