

Community Pharmacy Seasonal Influenza Vaccination Advanced Service* Sept 16 - Mar 17

You must register first before starting to provide the service. You can register online at:
www.nhsbsa.nhs.uk/fluservice

Pharmacy organisation code (begins with F):	F					Pharmacy name:	
Telephone number (in case of queries):						Pharmacy stamp:	
Pharmacy address (including postcode):							
Service provided (month / year):							

Declaration: I am claiming payment in accordance with the terms of the Community Pharmacy Seasonal Influenza Vaccine Advanced Service, as set out in the service specification and the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2015. **I confirm that the pharmacy named above has been registered with the NHS Business Services Authority as a provider of this service and understand that this payment claim will not be approved if the pharmacy has not been registered.** I declare that the information on this form is correct and complete and I understand that if it is not, further action may be taken.

Name:		Date:	/	/
Signature**:		On behalf of:		

Product name	Manufacturer	Total no. of 0.5ml pre-filled syringes administered this month (enter numeric figures only)
Fluarix™ Tetra Split virion inactivated virus	GSK	
Influvac® Surface antigen, inactivated virus	Mylan (BGP Products)	
Imuvac® Surface antigen, inactivated virus	Mylan (BGP Products)	
Influenza vaccine Split virion, inactivated virus	Pfizer Vaccines	
Enzira® Split virion, inactivated virus	Pfizer Vaccines	
Influenza vaccine Split virion, inactivated virus	Sanofi Pasteur MSD	
Agrippal® Surface antigen, inactivated virus	Seqirus Vaccines Ltd, (formerly Novartis Vaccines)	

To claim payment, you must send your completed form to NHS Prescription Services with your prescriptions and FP34C submission document.

*the legislative title for the service is the National Influenza Adult Vaccination Service.