

Community Pharmacy Seasonal Influenza Vaccination Advanced Service 1 September 2018 – 31 March 2019

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 for provision of the Community Pharmacy Seasonal Influenza Vaccine Advanced Service, which has been provided in accordance with the requirements set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended. 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 (quadrivalent)	GSK	
Quadrivalent Influenza Vaccine (split virion, inactivated)	MASTA	
Quadrivalent Influenza vaccine Tetra MYL	Mylan (BGP Products)	
Quadrivalent Influvac sub-unit Tetra	Mylan (BGP Products)	
Influvac® sub-unit Surface antigen, inactivated virus	Mylan (BGP Products)	
Imuvac® Surface antigen, inactivated virus	Mylan (BGP Products)	
Influenza vaccine MYL Surface antigen, inactivated virus	Mylan (BGP Products)	
Influenza vaccine (Split virion, inactivated virus), pre-filled syringe	Pfizer Vaccines	
Quadrivalent Influenza Vaccine (split virion, inactivated virus)	Sanofi Pasteur Vaccines	
Fluad® Surface antigen, inactivated, Adjuvanted with MF59C.1	Seqirus UK Ltd	
VaxigripTetra™, Quadrivalent Influenza Vaccine (split virion, inactivated virus)	Sanofi Pasteur Vaccines	

To claim payment, you must send your completed form to NHS Prescription Services with your prescriptions and FP34C submission document. Claims will be accepted by the NHS BSA within six months of administration of the vaccination, in accordance with the usual Drug Tariff claims process.

Later claims will not be processed.

V2 2018/19

***This claim form will not be accepted without a signature.**