

Antiviral Purchasing Request Form for Public Entities

Form Instructions: Submit this completed form to Joy Reese in the Moses Lake office of the Grant County Health District by fax at 766-6519. Joy may be reached by phone at 766-7960, ext. 21, or jreese@granthealth.org. This form must be signed by a representative of your agency who can authorize reimbursement to the Grant County Health District. Please make specific purchasing arrangements with Pattie Anderson in the Ephrata office of the Grant County Health District at 754-6060, ext. 19 or panderson@granthealth.org. Please write legibly. Thank you.

Name of Public Entity: _____

Physical Address: _____

Billing Address: _____

Contact Persons for Requesting Agency			
Primary Contact Person		Alternate Contact Person	
Name		Name	
Phone		Phone	

Indicate Quantities of Courses of Treatment Below:

Tamiflu (oseltamivir)	# Courses of Treatment	Cost Per Course of Treatment
75mg		\$14.43
45mg (pediatric)		\$9.74
30mg (pediatric)		\$6.50

Relenza (zanamivir)	# Courses of Treatment	Cost Per Course of Treatment
Inhaled		\$16.29

Tamiflu (oseltamivir) comes in capsule form in individual bottles containing 10 capsules for a course of treatment.

Relenza (zanamivir) is an inhaled antiviral medication and is indicated for patients age 7 years or older who do not have any underlying airway disease (such as asthma or chronic obstructive pulmonary disease).

_____ agrees to pay the Grant County Health District for all
(Name of Public Entity)
courses of treatment within 15 days of the antivirals arriving at the undisclosed storage site.

Representative of Public Entity authorized to sign:

Please print name here: _____

Signature: _____ Date: _____