

## How to order a printed copy of the Ninth Edition of the Immunization Tool Kit (ITK)

- Printed ITKs are available exclusively for health care personnel within the Department of Defense.
- DoD immunization activities can order up to 30 ITKs per calendar year.
- To order a copy, you will need to be on a .mil network and authenticate using your CAC.

The screenshot shows the Health.mil website interface. The main content area is titled "Immunization Tool Kit". Below the title, there is a description of the Ninth Edition and a "Get the Ninth Edition" section. The "Get the Ninth Edition" section includes an image of the ITK cover and a paragraph of text. Below this text is a button labeled "Order printed copies". An arrow points from the text "Click button to ordering site" to this button. The sidebar on the left contains a navigation menu with various categories, and the "Immunization Tool Kit" is highlighted. At the bottom of the page, there is a table titled "Updates to the Ninth Edition" with columns for "Updated content" and "Date".

Updated content	Date
Pages 2-2 to 2-6: Recommended Adult Immunization Schedule for 2020	February 25, 2020
Pages 3-2 to 3-9: Recommended Child and Adolescent Immunization Schedule for 2020	February 25, 2020
Page 4-11: Vaccine Storage and Handling Requirements: Cholera update under "Other Comments"	March 3, 2020

**DHA - IMMUNIZATION HEALTHCARE DIVISION ORDER FORM**

Please provide as much information below as possible. All fields marked with an \* are required. After completing the form, click **SUBMIT ORDER** and your order will be filled and shipped by the DHA-IHD staff as soon as possible.

To assist us, please combine your orders. If several people from the same unit or office are ordering just one or two copies, please submit just one order for all of them.

**FOR DOD HEALTH CARE PERSONNEL**  
The items can only be distributed within the DoD. To help process the order, please make your request using a military, state, or government email carrier.

Name (last, first) \*  
Email Address \* (.mil required)  
Email Address (secondary)  
Order Type \*  
Phone Number \*  
Installation/Location State/Territory \*  
Installation/Location \*  
Department \*  
Job Title/Rank  
Service Status  
Branch of Service  
Role  
Quantity Requested\*  
Installation Address - Complete Physical address and installation + clinic/ward  
Street Address \*  
Address Line 2  
Address Line 3  
City \*  
State \*  
Zip Code + 4 \*  
 Shipping address different than Installation Address  
\* Indicates a required field.

833947  
Enter the code shown above  
Submit Order

- Enter ALL required information (noted with asterisks)
- Enter "Order Type" as "Immunization Toolkit."
- Choose state or territory

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Name (last, first) \*  
Email Address \* (.mil required)  
Email Address (secondary)  
Order Type \*  
Phone Number \*  
Installation/Location State/Territory \*  
Installation/Location \*  
Department \*  
Job Title/Rank  
Service Status  
Branch of Service  
Role  
Quantity Requested\*  
Installation Address - Complete Physical address and installation + clinic/ward  
Street Address \*  
Address Line 2  
Address Line 3  
City \*  
State \*  
Zip Code + 4 \*  
 Shipping address different than Installation Address  
\* Indicates a required field.

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- Select your facility from the "Installation/Location" drop-down menu
- Once you select your location, you will see how many of your clinic's allotment of ITKs are still available.
- Enter quantity requested

- Enter "Installation Address"
- If you want an ITK delivered to your home address, click "Shipping address different than Installation Address" box and enter your name, email address, phone number and personal address.
- Enter a validation code, and click "Submit Order."

Job Title/Rank

Service Status Select a Service Status ▼

Branch of Service Select a Branch of Service ▼

Role Select a Role ▼

Quantity Requested\*

**Installation Address - Complete Physical address and installation + clinic/ward**

Street Address \*

Address Line 2

Address Line 3

City \*

State \* Select a State ▼

Zip Code + 4 \* XXXXXX-XXXX

**Shipping address different than Installation Address**

**Shipping Address**

Name (last, first)

Email Address

Phone Number

Street Address \*

Address Line 2

Address Line 3

City \*

State \* Select a State ▼

Zip Code + 4 \* XXXXXX-XXXX

\* Indicates a required field.

621858

Enter the code shown above

Submit Order

- You should then receive a notification confirming that your order was received, and another confirming it has been processed and shipped.
- Orders will be shipped on Fridays.
- If you have a technical problem accessing or completing the order form, please send an email to [usarmy.detrick.medcom-phc.mbx.ihcs@mail.mil](mailto:usarmy.detrick.medcom-phc.mbx.ihcs@mail.mil).
- If there is a problem with your order, contact us at 877-438-8222, Option 2, or via email at [DoDvaccines@mail.mil](mailto:DoDvaccines@mail.mil).