TRANSCRIPT:

Seasonal Influenza Vaccination Programme

Completing the FP34D/PD Appendix form

* When filling in the FP34 Appendix form, please remember to supply all the required information. Incorrect or incomplete claims will cause a delay to your payment.
* It is recommended that you use the full brand name and manufacturer of the vaccine as some manufacturers may make more than one influenza vaccine.
* The FP34 Appendix form should be returned to NHS Prescription Services by no later than the fifth day of the month, together with the correct FP34 submission document.

You should state the full brand name and manufacturer. For example:

* Quadrivalent Influenza Vaccine (Sanofi)
* Quadrivalent Influenza Vaccine – High Dose (Sanofi)
* Cell-based Quadrivalent Influenza Vaccine (CSL Seqirus)
* Adjuvanted Quadrivalent Influenza Vaccine (CSL Seqirus)
* Influvac sub-unit Tetra (Viatris)

You should not use generic terms. For example:

* Influenza vaccine – this is not enough information to identify the vaccine given and some manufacturers make more than one flu vaccine
* QIV – there are several Quadrivalent flu vaccines available each flu season
* Under 65 or <65 - some manufacturers make more than one vaccine that may fit this description

Example of a FP34 Appendix Form completed correctly

A table showing a section of a FP34 Appendix form.

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