



FOR OFFICE USE ONLY	
*Holding Point Code:	
Requisition number:	

High-Risk Vaccine Order

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Recipient of high-risk publicly funded vaccine must meet the high-risk eligibility criteria(s).
3. Only one month of high-risk doses will be released at a time to prevent vaccine wastage.
4. Orders must include the most current five business days of refrigeration temperature logs.
5. Send both pages to avoid delays in processing to **613-735-3067** or vaccineorders@rcdhu.com
6. Complete orders will be processed as per the [2022 Vaccine pick-up/delivery schedule](#).

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Healthcare provider/Practice name			
*Order date (mm/dd/yyyy)		*Number of immunizer(s)	
*Type of practice:	<input type="radio"/> General practice <input type="radio"/> FHT/Group <input type="radio"/> Other:		
*Number of fridge(s)		*Type(s) of fridge:	<input type="radio"/> Bar <input type="radio"/> Domestic <input type="radio"/> Purpose-built
*Contact person			*Phone number
*Fax		*Email	
Unit number		*Street number	
*City/Town			*Postal code

SECTION 3 – PICK UP LOCATIONS

***Select Pick Up Location – pick up hours may vary.**

Call 613-732-3629 ext. 565 for Pembroke office ext. 422 for Renfrew office

Pembroke office
141 Lake St

Renfrew Office
450 O'Brien Road

Delivery to HCP office by PHU
(Barry's Bay/Killaloe/Whitney/
Arnprior)

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to Renfrew County and District Health Unit upon request. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name	*Signature	*Date (mm/dd/yyyy)

Complete and submit pages 1 to 3



SECTION 5 – REQUEST

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested		High-Risk Eligibility Criteria (Check all that apply)
			Date ordered (mm/dd/yy)		
Meningococcal B (Bexsero®)			Dose	Date	Eligibility Age Group: 2 months to 17 years (2 to 4 doses, depending on the age at the time of the 1st dose) <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Human Immunodeficiency Virus (HIV) For reason not listed above, please call 613-732-3629 ext. 565
			1		
			2		
			3		
			4		
Meningococcal C – ACYW-135 (Nimenrix®, Menactra®)			Dose	Date	Eligible Age Group: 9 months and older (1 to 4 doses, depending on the age at the time of the 1st dose) Note: individuals > 55 years will be supplied Nimenrix®/Menactra® in substitution of Menomune®. <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Human Immunodeficiency Virus (HIV) For reason not listed above, please call 613-732-3629 ext. 565
			1		
			2		
			3		
			4		
			Booster		
Human Papillomavirus (HPV) (Gardasil 9®)			Dose	Date	Eligible Age Group: 9 to 26 years Eligible Gender: Male <input type="checkbox"/> (3 doses) <input type="checkbox"/> Men who have sex with men (MSM) For reason not listed above, please call 613-732-3629 ext. 565
			1		
			2		
			<input type="checkbox"/> 3		
Hepatitis A Virus (Avaxim®, Havrix®, Vaqta®)			Dose	Date	Eligible Age Group: ≥1 year (2 doses) <input type="checkbox"/> Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men (MSM) For reason not listed above, please call 613-732-3629 ext. 565
			1		
			2		



SECTION 5 – REQUEST CONTINUED

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria (Check all that apply)
			Dose	Date	
Haemophilus influenzae type b (Hiberix®) (Act-Hib®)			<input type="checkbox"/> 1		<p>Eligible Age Group: ≥ 5 years</p> <input type="checkbox"/> asplenia (functional or anatomic) (1 dose) <input type="checkbox"/> bone marrow or solid organ transplant recipients (1 dose) <input type="checkbox"/> cochlear implant recipients (pre/post implant) (1 dose) <input type="checkbox"/> hematopoietic stem cell transplant (HSCT) recipients (3 doses) <input type="checkbox"/> immunocompromised individuals related to disease or therapy (1 dose) <input type="checkbox"/> lung transplant recipients (1 dose) <input type="checkbox"/> primary antibody deficiencies (1 dose) For reason not listed above, please call 613-732-3629 ext. 565
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3		
Polio (Imovax Polio®)			Dose	Date	<p>Eligible Age Group: ≥ 18 years (1 adult lifetime booster dose)</p> <input type="checkbox"/> travelers who have completed their immunization series against polio and are travelling to areas where polio virus is known or suspected to be circulating For reason not listed above, please call 613-732-3629 ext. 565
			Booster		

Please refer to the [Ontario Publicly Funded Immunization Schedules](#) for further details regarding eligibility and recommended dosing intervals.

For **School Based Vaccine** requests please go to (https://www.rcdhu.com/wp-content/uploads/2022/03/School-based-vaccine-order-form_-SD-Mar-9-2022-fillable.pdf)