



Routine Vaccine Order Form FOR HEALTH CARE PROVIDERS

PART 1 ORGANIZATION INFO	
ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	FAX NUMBER:

PART 2 VACCINE ORDER (MAXIMUM ONE MONTH OF STOCK PER ORDER)			
AGENTS (BRAND NAME)	DOSES PER BOX	CURRENT NUMBER OF DOSES IN STOCK	NUMBER OF DOSES REQUIRED
BID – (Tubersol/Mantoux)	10 doses/box		
DTaP-IPV-Hib – (Pediacel)	5 doses/box		
IPV – (Polio)	1 dose/box		
HZ – (Shingrix)	1 dose/box		
Men C – (Menjugate or NeisVac-C)	10 doses/box		
MMR – (MMR II or Priorix)	10 doses/box		
MMRV – (Priorix-Tetra or ProQuad)	10 doses/box		
Pneu-C-13 – (Prevnar 13)	10 doses/box		
Pneu-P-23 – (Pneumovax)	10 doses/box		
Rot-1 – (Rotarix)	10 doses/box		
Td – (Td Absorbed)	5 doses/box		
Tdap – (Adacel or Boostrix)	5 doses/box		
Tdap-IPV – (Adacel-Polio or Boostrix-Polio)	10 doses/box		
Var – (Varilrix or Varivax III)	10 doses/box		

PART 3 OTHER ITEMS	
CONDOMS: Qnt: _____ Type: _____	YELLOW CARDS: <input type="radio"/> 25 <input type="radio"/> 50 <input type="radio"/> 100
TEMPERATURE LOGBOOK(S): <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	PLASTIC SLEEVES: <input type="radio"/> 25 <input type="radio"/> 50 <input type="radio"/> 100

PART 4 ACCOUNTABILITY STATEMENT		
<p>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. 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.</p>		
NAME:	SIGNATURE:	DATE (YYYY/MM/DD):

Routine vaccine orders must be placed according to the Vaccine Order Schedule to allow for timely processing. Vaccine order forms must be completed in full and preferably emailed to vaccineorders@rcdhu.com or faxed to 613-735-3067 (Attn: Vaccine Orders).