



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 – (Pediacef) | 5 doses/box | | |
| IPV – (Polio) | 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-15 – (Vaxneuvance) | 10 doses/box | | |
| Pneu-C-20 – (Prevnar 20) | 10 doses/box | | |
| Rot-1 – (Rotarix) | 10 doses/box | | |
| Td – (Td Absorbed) | 10 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 | | |
| Zos – (Shingrix) | 1 dose/box | | |

| PART 3 OTHER ITEMS | |
|--|---------------|
| CONDOMS (100/box): | box(es) Type: |
| YELLOW CARDS: <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 | |
| TEMPERATURE LOGBOOK(S): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |

| 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).