



Renfrew County and District Health Unit  
 "Optimal Health for All in Renfrew County and District."

SEASONAL VACCINE ORDER FORM

Return this form via e-mail at [vaccineorders@rcdhu.com](mailto:vaccineorders@rcdhu.com)

Name of Facility/Organization		
Mailing Address		
E-mail Address <b>(required)</b>		
Telephone/Fax Numbers	(T)	(F)

HCP VACCINE ORDER			FOR RCDHU USE ONLY
NAME OF PRODUCT	DOSES REQUESTED	DOSES ON HAND	DOSES DISTRIBUTED
<b>Influenza ≥ 6 months +</b> <ul style="list-style-type: none"> <li>FluLaval®Tetra</li> <li>Fluzone®Quadrivalent</li> </ul>			
<b>Influenza ≥ 65+</b> <ul style="list-style-type: none"> <li>Fluzone®Quadrivalent – High Dose</li> <li>Fluad®Sequirus</li> </ul>			
<b>RSV 60+ &amp; 18+ (32-36 weeks gestation)</b> <ul style="list-style-type: none"> <li>Abrysvo®</li> </ul>			
<b>RSV</b> <ul style="list-style-type: none"> <li>Beyfortus® 50 mg</li> </ul>			
<b>RSV</b> <ul style="list-style-type: none"> <li>Beyfortus® 100 mg</li> </ul>			
<b>COVID-19 mRNA</b> <ul style="list-style-type: none"> <li>Moderna Spikevax®</li> </ul>			
<b>COVID-19 mRNA</b> <ul style="list-style-type: none"> <li>Pfizer®</li> </ul>			

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, current temperatures are recorded at least twice daily, **and it has adequate storage space to accommodate this order.**

\*Print Name

\*Signature

\*Date (mm/dd/yyyy)

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