

# Huron Perth Public Health Routine Publicly Funded Vaccine Order Form

Fax completed form to Vaccine Coordinator at 519-271-2785 (phone 1-888-221-2133 ext. 3225 for questions).

**ORDERS can be PLACED on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the Month ONLY, by no later than 10:00 am** (Orders may be placed early)

Any orders received after 10:00 am on the Monday will not be processed until the next order date

**ORDERS can be PICKED UP starting on the Thursday at 8:30 am or any time after that (Office hrs 8:30 am to 4:30 pm)**

Name of facility, physician, or family health team:			<b>Office Use Only:</b> HP Code: <b>PER_ST_000</b>		
Date:		Ordered by:			
Phone Number:		Temperature Logs dating back to last order included? Yes <input type="checkbox"/>		Date of Last Temp Logs Sent:	
Vaccine Brand Name	Vaccine	Product ID	Doses Per Package	Current Fridge Inventory by <u>DOSES</u>	Number of <u>DOSES</u> Requested
Adacel or Boostrix	Tdap	657122030	1 box=5 doses		
Adacel-Polio or Boostrix-Polio	Tdap-IPV	657120131	1 box=10 doses		
MMR II or Priorix	MMR	657132300	1 box=10 doses		
Priorix-Tetra or Pro-Quad	MMRV	657136040	1 box=10 doses		
Menjugate / NeisVac	Men-C	657133443	1 box=10 doses		
Pediacel or Pentacel	DTaP-IPV-Hib	657133460	1 box=5 doses		
Pneumovax 23	Pneu-P-23	657140102	1 box=10 doses		
Polio	IPV	657132202	1 box=1 dose		
Prevnar 13	Pneu-C-13	657122025	1 box=10 doses		
Rotarix	Rotavirus	657142330	1 box = 1 dose or 10 doses		
Shingles – (Shingrix)	Herpes Zoster	657120200	Order in single dose quantities		
Tubersol (TB)	PPD	650633110	1 box=10 doses		
Tetanus Diphtheria	Td	657132400	1 box=5 doses		
Varivax III or Varilrix	Varicella	657133050	1 box=10 doses		
<b>Other Vaccines – (Please include any other publicly funded vaccines you have in inventory below) ie: Rabies, High Risk, School Based</b>		<b>Product ID</b>		<b>Current Fridge Inventory by <u>Doses</u></b>	<b>Number of <u>DOSES</u> Requested</b>
		n/a			n/a
		n/a			n/a
		n/a			n/a
		n/a			n/a
Influenza Vaccines		Product ID	Doses Per Package	Current Fridge Inventory by <u>Doses</u>	Number of <u>DOSES</u> Requested
QIV - (Quadrivalent) Inj. ≥ 6 mo (FluLaval Tetra QIV(Multi Dose vials), or Fluzone QIV (MD))		657144000	1 box = 10 doses  (will provide based on what is available)		
QIV - (Quadrivalent) Inj. ≥ 6 mo Fluzone QIV (Pre-filled Syringes)		657144200			
HD QIV - (HD Quadrivalent) Inj. ≥ 65 yrs (High Dose Fluzone – PFS)		657155100	1 box = 5 doses (prefilled syringe)		
TIV-adj - (Adjuvanted Trivalent) Inj. ≥ 65 yrs **ONLY** (Fluad - PFS)		657133520	1 box = 10 doses (prefilled syringe)		
<b>Condoms</b>	Yes <input type="checkbox"/>	<b>HEALTH UNIT USE ONLY: Panorama Req. #:</b> _____			
<b>Yellow Cards</b>	Qty:	Date/Time Order Rec'd:	Date/Time Order Can be Picked Up:		
<b>Temperature Log Book</b>	Yes <input type="checkbox"/>	Order Reviewed By:	Order Filled By:		

## Vaccine Supplied by the Ministry of Health and Long Term Care

### Ordering/Receiving Vaccine:

- Master copies of the vaccine order forms will be supplied by the health unit to use when placing a vaccine order. Please call ext. 3225 if you have misplaced your original copies or check out website.
- **ORDERS can be PLACED on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the Month ONLY, by no later than 10:00 am.** Orders may be placed early to avoid missing the deadline.
- **Any orders received after 10:00 am on the Monday will not be processed until the next order date.**
- **ORDERS can be PICKED UP starting on the Thursday at 8:30 am or any time after that on an order week. Office hours are from 8:30 am to 4:30 pm.**
- School based orders and High-Risk orders can be faxed in ahead of the order date to allow time for processing and will be sent once approved and processed.
- Fax your completed order form and fridge temperature logs dating back to your last vaccine order to (519) 271-2785.
- Please verify packing slip against vaccine received (i.e. quantity, lot # and expiry date) and report any discrepancies to the Health Unit, 1-888-221-2133 ext 3225.

### To return vaccines:

- Send all unused, expired or spoiled vaccines with a Vaccine Return Form to Huron Perth Public Health every 2-3 months. Return forms can be obtained by contacting the Health Unit at ext. 3225.

**Questions? Call 1-888-221-2133 ext 3225.**