

Fax completed form to 1-877-271-2785 **no later than Friday at noon prior to delivery date of the first Thursday or Friday monthly.**
Early submission of orders is encouraged to avoid missing the deadline.
Any orders received after the deadline of Friday at noon will need to be picked up from the Health Unit.

Name of Facility, Physician, or Family Health Team (THIS SECTION MUST BE COMPLETED)				Office Use Only	
				Requisition #	
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
DTaP-IPV-Hib	Pediacel or Pentacel	657133460	5 doses / pkg		
IPV	Polio	657132202	1 dose / pkg		
Men C-C	Menjugate / NeisVac	657133443	10 doses / pkg		
MMR & diluent	MMR II or Priorix & diluent	657132300	10 doses / pkg		
MMRV & diluent	Priorix-Tetra or Pro-Quad & diluent	657136040	10 doses / pkg		
Pneu-C-13	Prevnar 13	657122025	10 doses / pkg		
Pneu-P-23	Pneumovax 23	657140102	10 doses / pkg		
Rotavirus	Rotarix	657142330	10 doses / pkg		
Td Adsorbed	Tetanus Diphtheria	657132400	5 doses / pkg		
Tdap	Adacel or Boostrix	657122030	5 doses / pkg		
Tdap-IPV	Adacel-Polio or Boostrix-Polio	657120131	10 doses / pkg		
Varicella & diluent	Varilrix or Varivax III & diluent	657133050	10 doses / pkg		
Zoster (Shingles)	Shingrix	657120200	1 dose / pkg		
PPD	Tubersol (TB)	650633110	10 doses /pkg		
Other Vaccines – Please include any other publicly funded vaccines you have in inventory below (ie. Rabies etc)		Lot #	Expiry Date	Current Fridge Inventory by <u>Doses</u>	Number of <u>DOSES</u> Requested
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	10 doses / box (multi-dose vial)		
QIV - (Quadrivalent) Inj. ≥ 6 mo Fluzone QIV (Pre-filled Syringes) Will provide based on availability		657144200	10 doses / box (prefilled syringe)		
HD QIV - (HD Quadrivalent) Inj. ≥ 65 yrs Fluzone High Dose (Pre-filled syringes)		657155100	5 doses / box (prefilled syringe)		
TIV-adj - (Adjuvanted Trivalent) Inj. ≥ 65 yrs **ONLY** (Fluad - PFS)		657133520	10 doses / box (prefilled syringe)		

Huron Perth Public Health

Publicly Funded

Routine Vaccine Order Form

77722B London Road
Clinton, ON
Tel: 1-888-221-2133
Fax: 1-877-271-2785
www.hpph.ca

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

Ordering/Receiving Vaccine:

- ▶ Master copies of the vaccine order forms will be supplied and also be available on our website (www.HPPH.ca) to use when placing a vaccine order. Please call 1-888-221-2133, Ex. 2301 or fax 1-877-271-2785 if you need a copy.
- ▶ **Any orders received after the deadline of Friday at NOON prior to delivery date of 1st Thursday or Friday monthly will need to be picked up at Huron Perth Public Health.** Office hours are Monday through Friday 8:30 am to 4:30 pm. Submitting orders early is encouraged to avoid delivery deadline.
- ▶ It is recommended that School-Based Vaccine Orders and High Risk Vaccine Orders are faxed ahead of the order date to allow time for processing.
- ▶ Completed fridge temperature logs dating back to your last submission of temperatures must accompany your order form.
- ▶ Please verify packing slip against vaccine received (ie. quantity, lot # and expiry date) and report any discrepancies to Huron Perth Public Health by faxing 1-877-271-2785.

To Return Vaccine:

- ▶ All unused, expired or spoiled vaccine should be packaged with a completed Vaccine Return Form and returned to Huron Perth Public Health every 2-3 months. For copies of Return Forms, visit our website at www.HPPH.ca, or call 1-888-221-2133 ex. 2301 or fax 1-877-271-2785. Please note, vaccines will not be accepted for return without a completed Return Form.

Questions? Call 1-888-221-2133 ext 2301