

# Huron Perth Public Health

## Publicly Funded

## Routine Vaccine Order Form

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 <b>(THIS SECTION MUST BE COMPLETED)</b>				<b>Office Use Only</b>	
				<b>Requisition #</b>	
Date:		Ordered by:			
Phone Number:	Temperature Logs dating back to last order included? Yes <input type="checkbox"/>			Date of Last Temp Logs Sent:	
<b>Vaccine Antigen</b>	<b>Vaccine Brand Name</b>	<b>Product ID</b>	<b>Doses Per Package</b>	<b>Current Fridge Inventory by DOSES</b>	<b>Number of DOSES Requested</b>
DTaP-IPV-Hib	Pediacel or Pentacel	657133480	5 doses / pkg		
IPV	Polio	657132202	1 dose / pkg		
Men C-C	Menjugate / NeisVac	657133443	10 doses / pkg		
MMR	MMR II or Priorix	657132300	10 doses / pkg		
MMRV	Priorix-Tetra or Pro-Quad	657136040	10 doses / pkg		
Pneu-C-15	Vaxneuvance	657122201	10 doses / pkg		
Pneu-C-20	Prevnar 20	657140201	10 doses / pkg		
Rotavirus	Rotarix	657142330	10 doses / pkg		
Tetanus Diphtheria	Td Adsorbed	657132401	10 doses / pkg		
Tdap	Adacel or Boostrix	657122070	10 doses / pkg		
Tdap-IPV	Adacel-Polio or Boostrix-Polio	657120131	10 doses / pkg		
Varicella	Varilrix or Varivax III	657133050	10 doses / pkg		
Zoster (Shingles)	Shingrix	657120200	1 dose / pkg		
PPD	Tubersol (TB)	650633110	10 doses / pkg		
<b>Other Vaccines</b> – Please <u>include</u> below any other publicly funded vaccines you have in inventory below (ie. Rabies, School-Based, High Risk)		<b>Lot #</b>	<b>Expiry Date</b>	<b>Current Fridge Inventory by Doses</b>	<b>Number of DOSES Requested</b>
					n/a
					n/a
					n/a
					n/a
<b>Influenza Vaccines</b>		<b>Product ID</b>	<b>Doses Per Package</b>	<b>Current Fridge Inventory by Doses</b>	<b>Number of DOSES Requested</b>
<b>TIV (Trivalent) Standard Dose - MDV ≥ 6 mo</b> Fluviral or Fluzone TIV (Multi Dose vial)		<b>657144000</b>	10 doses / box multi-dose vial		
<b>TIV (Trivalent) Standard Dose - PFS ≥ 6 mo</b> Fluzone TIV (Pre-filled Syringe) will provide when available		<b>657144200</b>	10 doses / box prefilled syringe		
<b>High Dose TIV (HD Trivalent) - PFS ≥ 65 yrs</b> High Dose Fluzone (Pre-filled Syringe)		<b>657155100</b>	5 doses / box prefilled syringe		
<b>TIV-adj (Adjuvanted Trivalent) - PFS ≥ 65 yrs</b> Fluad (Pre-filled Syringe)		<b>657133520</b>	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.hp-ph.ca

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

### **Ordering/Receiving Vaccine:**

- Copies of the vaccine order forms can be found on our website under "*Health Topics – Immunizations and Vaccines – Ordering Vaccines*"
- Any orders **received after NOON on Friday prior to the delivery date of the first consecutive Thursday and Friday of each month will need to be picked up at Huron Perth Public Health.** Office hours are Monday – Friday 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 2301.

### **To return vaccines:**

- Send all unused, expired or spoiled vaccines with a Vaccine Return Form to Huron Perth Public Health every 2-3 months. Vaccine will not be received without a completed Return Form. Return forms can be obtained by contacting the Health Unit at ext. 2301.

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