Algoma PUBLIC HEALTH
Santé publique Algoma

Health Care Provider Routine Vaccine and Supply Requisition Form (No Influenza)

Public Health Unit Use Only – Order Number:

Instructions:

- **All information must be filled out for each vaccine ordered to avoid a delay in processing.**
- **Four weeks of vaccine fridge temperature logs must be included with every vaccine order.**
- **When completed, fax this form to your local Algoma Public Health (APH) office:**

Sault Ste. Marie 294 Willow Ave	Submit order by Wednesday at 4:00 PM. Pick-up on Friday between 9:00 AM–12:00 PM or 1:00 PM–4:00 PM.	Phone: 705-759-5409 Fax: 705-541-5959
Blind River 9B Lawton St	Submit order by Tuesday at 4:00 PM. Pick-up on Friday between 9:00 AM–12:00 PM or 1:00 PM–4:00 PM.	Phone: 705-356-2551 Fax: 705-356-2494
Elliot Lake 302-31 Nova Scotia Walk	Orders may be submitted at any time and will be ready for pick-up after two business days.	Phone: 705-848-2314 Fax: 705-848-1911
Wawa 18 Ganley St	Orders may be submitted at any time and will be ready for pick-up after two business days.	Phone: 705-856-7208 Fax: 705-856-1752

- **Eligibility criteria for each vaccine listed below can be found in "Table 2: Eligibility Criteria for All Publicly Funded Vaccines" in the current Publicly Funded Immunization Schedules for Ontario.**
- **Eligibility criteria for high risk vaccines can be found in "Table 3: High Risk Vaccine Programs" in the current edition of the Publicly Funded Immunization Schedules for Ontario. Please use the High Risk Order Form to order high risk vaccines.**

Healthcare Provider / Agency Name:	**Date:**
Name of Contact Person:	**Phone Number:**
Fax Number:	**City/Town:**

Description	Catalogue Number(s)	Doses per package/box	Minimum Inventory (# of doses)	Doses on Hand	Doses Required
TB Skin Testing:					
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution – **[Tubersol]** Eligibility: • When required for child care or school, including post-secondary education and placements • For individuals with a recent exposure to a known or suspected TB case (contacts) • When required for entry to a Long Term Care facility • When deemed to be medically necessary	6506-3311-0	10			
Vaccines/Immunizing Agents:					
Respiratory Syncytial Virus **[Abrysvo / Arexvy]** *Pregnant individuals can only receive Abrysvo. Older adults can receive either product. Please indicate in the "Doses Required" column if Abrysvo is needed for pregnant client(s).*	6571-2300-0 6571-2324-0 6571-2324-1	1 1 10			
Respiratory Syncytial Virus **[Beyfortus]** *For infants less than 8 months of age or high risk infants up to 2 years of age.*	6571-2200-0 6571-2400-0 6571-2400-1	1 1 5			50 mg:____ 100 mg:____
Tetanus/Diphtheria/Pertussis/Polio/Hib Vaccine **[Pentacel / Infanrix-IPV/Hib]**	6571-3348-0	5			
Haemophilus Influenzae Type B (Hib) Vaccine **[Act-Hib]**	6571-3255-0	5			

Polio Vaccine **[IMOVAX Polio]**	6571-3220-2	1			
Meningococcal C Vaccine **[Menjugate / NeisVac-C]**	6571-3344-3	10			
Measles, Mumps and Rubella Vaccine **[MMRII / Priorix / MMRvaxPro]**	6571-3230-0	10			
Measles, Mumps, Rubella and Varicella Vaccine **[ProQuad / Priorix-Tetra]**	6571-3604-0	10			
Pneumococcal 15-Valent Vaccine **[Vaxneuvance]**	6571-2220-1	10			
Pneumococcal 21-Valent Vaccine **[Capvaxive]**	6571-2026-0 6571-2026-1	10			
Rotavirus Vaccine **[Rotarix]**	6571-4233-0	10			
Tetanus and Diphtheria Vaccine **[Td Adsorbed]**	6571-3240-1	10			
Tetanus, Diphtheria and Pertussis Vaccine **[Adacel / Boostrix]**	6571-2203-0 6571-2207-0	5 10			
Tetanus, Diphtheria, Pertussis and Polio Vaccine **[Adacel-Polio / Boostrix-Polio]**	6571-2013-1	10			
Varicella Vaccine **[VarivaxIII / Varilrix]**	6571-3305-0	10			
Herpes Zoster **[Shingrix]**	6571-2020-0	1			
Vaccines for School Program:					
Hepatitis B Vaccine **[Recombivax / Engerix]** *(Adult - 1.0 mL dose - for students from 11 to less than 16 years of age)*	6571-3243-0	1			
Hepatitis B Vaccine **[Recombivax / Engerix]** *(Pediatric – 0.5 mL dose - for students from 16 to less than 20 years of age)*	6571-3251-0	1			
Human Papillomavirus (HPV-9) Vaccine **[Gardasil 9]**	6571-3390-0 6571-3390-1	1 10			
Meningococcal A, C, Y, W-135 Vaccine **[Menactra / Nimenrix / MenQuadfi]**	6571-3360-0 6571-3360-1 6571-3370-0 6571-3370-1 6571-3340-0	1 5 1 10 10			

Related Products	Catalogue Number (English) Please ✓		Catalogue Number (French) Please ✓		Per Package	Number Required
Immunization Cards – Bilingual	7530-4708-0		N/A		1	
Protect Your Vaccines – Protect Your	7540-1922-0		7540-1922-0F		1	
Vaccine Storage and Handling Guidelines	7540-1960-0E		7540-1960-0F		1	
Vaccine Temperature Log Book	7610-1908-0		7610-1908-0F		1	

By submitting this order, I verify on behalf of the practice that:

- The vaccine fridge has maintained temperatures between +2°C to +8°C.
- Temperatures (minimum, maximum, and current) are documented and cleared twice daily.
- All temperature excursions outside of +2°C to +8°C have been reported to APH, and any recommendations from APH regarding use of the affected vaccines and proper storage have been implemented by the practice.
- A contingency plan is in place should a power outage, fridge failure and/or cold chain incident occur.