



Sault Ste. Marie – <input type="checkbox"/> 294 Willow Avenue, ON P6B 0A9 Tel: 705-942-4646 Fax: 705-541-5959	Blind River – <input type="checkbox"/> 9B Lawton Street, ON P0R 1B0 Tel: 705-356-2551 Fax: 705-356-2494	Elliot Lake – <input type="checkbox"/> 302-31 Nova Scotia Walk, ON P5A 1Y9 Tel: 705-848-2314 Fax: 705-848-1911	Wawa – <input type="checkbox"/> 18 Ganley Street, ON P0S 1K0 Tel: 705-856-7208 Fax: 705-856-1752
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Maintain no more than a one-month supply in your vaccine fridge at any time.
Refer to the current **Publicly Funded Immunization Schedules** for Ontario for eligibility criteria.

Complete ALL fields to avoid a delay in processing your vaccine order.

Healthcare Provider Name:		Requisition Date (yyyy/mm/dd)
Name of Contact Person:		Telephone Number:
City/Town:	Fax Number:	Delivery Method: Courier <input type="checkbox"/> Customer Pick-up <input type="checkbox"/>

Description	Catalogue Number	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: <ul style="list-style-type: none"> • Students • Contact with a recent exposure to a known or suspected TB case • Persons with HIV infection • Homeless individuals • Persons entering rehabilitation or detox services • Entry into long-term care for residents <65 years of age • Tests deemed to be medically necessary 	6506-3311-0	10			

Vaccines and Diluents					
Pertussis, Diphtheria, Tetanus, Polio and <i>H1B</i> Vaccine [Pediace / Pentace] Note: Pediacel to replace Quadrace / Infanrix-IPV as of September 30, 2017 Eligibility: 5 or 6 years of age and unimmunized or require dose(s) to complete their primary series Note: The fourth dose in the series should be administered as Tdap-IPV [Adace-Polio / Boostrix-Polio]	6571-3346-0	5			
Haemophilus influenzae type b Vaccine [Act-Hib / Hiberix]	6571-3255-0	5			
	6571-3254-0	1			
Polio Vaccine [IMOVAX Polio]	6571-3220-2	1			
Meningococcal C Conjugate Vaccine [Menjugate]	6571-3344-3	10			
Measles, Mumps and Rubella Vaccine [MMRII / Priorix]	6571-3230-0	10			
Measles, Mumps, Rubella, and Varicella Vaccine [Priorix-Tetra / ProQuad]	6571-3604-0	10			
Pneumococcal Conjugate Vaccine – 13 valent [Prevnar 13]	6571-2202-5	10			
Pneumococcal Polysaccharide Vaccine – 23 valent [Pneumovax 23]	6571-4010-2	10			
Rotavirus Vaccine [RotaTeg]	6571-4240-0	1			
	6571-4240-1	10			
Tetanus and Diphtheria Vaccine [Td Adsorbed]	6571-3240-0	5			
Tetanus, Diphtheria and Pertussis Vaccine [Adace / Boostrix]	6571-2203-0	5			
Tetanus, Diphtheria, Pertussis and Polio Vaccine [Adace-Polio / Boostrix-Polio]	6571-2013-1	10			
Varicella Vaccine 10/box [VarivaxIII / Varilrix]	6571-3305-0	10			
Herpes Zoster [Zostavax II] Eligibility: 65 to 70 years of age	6571-2016-0	1			
	6571-2016-1	10			

Description	Catalogue Number	Doses per package /box	Minimum Inventory (# of doses)	Doses on Hand	Doses Required
School Program					
HPV-9 vaccine, 0.5 ml prefilled syringe [Gardasil 9] (Grade 7 students - two dose schedule 0, 6 months) Eligibility (Please mark all that apply) <input type="checkbox"/> Students in grades 7 and 8 – As of September 2017 <input type="checkbox"/> Males in grade 9 who have either not started or have an incomplete HPV4 series <input type="checkbox"/> Females in grade 9 to 12 who have either not started or have an incomplete HPV4 series	6571- 3390-0 (1/Box) 6571-3390-1 (10 Vials/Box)	1 or 10			
Meningococcal Quadrivalent (A,C,Y,W-135) Conjugate Vaccine, 5 x 0.5 ml Vial [Menactra] (School Program – for Grade 7 to 12 and those born on or after Jan 01, 1997)	6571-3360-0 (1/Box) 6571-3360-1 (5 Vials/Box)	1 or 5			
Hepatitis B (Adult) Vaccine, [Recombivax/Engerix]	6571-3243-0 (1/Box) 6571-3340-3 (10 Vials/Box)	1 or 10			
High Risk Vaccines – Special High Risk Order Form Required for Vaccines Listed Below					
Haemophilus influenzae type b [Act-HIB / Hiberix] for ≥ 5 years of age who meet eligibility criteria listed on form					
Hepatitis A Vaccine, Inactivated Pediatric/Adult [Havrix / Avaxim / Vaqta] for ≥ 1 year of age who meet eligibility criteria listed on form					
Hepatitis B (Paediatric/Adult/Renal Dialysis) Vaccine [Recombivax HB / Engerix -B] for ≥ 0 years of age who meet eligibility criteria listed on form					
Human Papillomavirus Vaccine HPV-9 (6, 11, 16, 18, 31, 33, 45, 52, 58) [Gardasil 9] Males 9 to 26 years of age who identify as MSM and have not received HPV vaccine previously					
Meningococcal B Vaccine (Recombinant, Adsorbed) [Bexsero] for 2 months to 17 years of age who meet eligibility criteria listed on form					
Meningococcal Quadrivalent (A,C,Y,W-135) Conjugate Vaccine [Menactra] for 9 months to 55 years of age who meet eligibility criteria listed on form					
Pneumococcal Conjugate Vaccine – 13 valent [Prevnar 13] for ≥ 50 years of age who meet eligibility criteria listed on form					
Pneumococcal-P-23 Valent [Pneumovax 23] for 2 to 64 years of age who meet eligibility criteria listed on form					
Related Products	Catalogue Number English Please ✓	Catalogue Number French Please ✓	Per Package	Number Required	
Immunization Cards – Bilingual	7530-4708-0	N/A	1		
Immunization Cards – Plastic Sleeves	7540-1911-0	N/A	1		
Protect Your Vaccines – Protect Your Patients poster	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 on Wednesday by 4:30pm, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily
- Four weeks of temperature logs are attached
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported and recommendations regarding usage of the affected vaccines have been implemented by the practice
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices
- Pick up are Fridays between 9am-12pm & 2pm-4pm