

Health Care Provider Routine Vaccine and Supply Requisition Form [No Influenza]

94 Willow Avenue, N P6B 0A9 ON P0R 1B0 OI el: 705-942-4646 Tel: 705-356-2551 Te		302-31 No ON P5A Tel: 705-8 Fax: 705-	Elliot Lake - □ 302-31 Nova Scotia Walk, ON P5A 1Y9 Tel: 705-848-2314 Fax: 705-848-1911			Wawa - □ 18 Ganley Street, ON P0S 1K0 Tel: 705-856-7208 Fax: 705-856-1752		
Refer to the current <i>Publicly Fu</i> Complete ALL fields to avoid a	nded İn	nmunization Schedules for	or Ontario f	or eligibility crit	eria.			
Healthcare Provider / Agency Name:				Requisition Date (yyyy/mm/dd)				
Name of Contact Person:				Telephone Number:				
City/Town:	Fax Number:				Delivery Method: Courier ☐ Customer Pick-up ☐			
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: 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 [Pediacel / Pentacel]	and HIE	3 Vaccine						
Note: Pediacel to replace Quadracel / Infanrix-IPV as of September 30, 2017			2017					
Eligibility: 5 or 6 years of age and unimmunized or require dose(s) to complete their primary series				6571-3346-0	5			
Note: The fourth dose in the series should be administered as Tdap-IPV [Adacel-Polio / Boostrix-Polio] (order below)								
Haemophilus influenzae type b Vaccine [Act-Hib / Hiberix]				6571-3255-0 6571-3254-0	1 5			
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]		1]	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 [Rotarix] (Born June 1, 2021) DOB of Client:			6571-4232-0 6571-4233-0	1 10				
Tetanus and Diphtheria Vaccine [Td Adsorbed]			6571-3240-0	5				
Tetanus, Diphtheria and Pertussis V	accine [A	Adacel / Boostrix]		6571-2203-0	5			
Tetanus, Diphtheria, Pertussis and F	olio Vac	cine [Adacel-Polio / Boostrix	-Polio]	6571-2013-1	10			
Varicella Vaccine 10/box [VarivaxIII	/ Varilrix	(]		6571-3305-0	10			
Herpes Zoster [Shingrix] Eligibility: 65 to 70 years of age			6571-2020-0 6571-2020-1	1 10				

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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	
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 & 1pm-4pm

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