

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	Submit order by Wednesday at 4:00 PM.	Phone: 705-759-5409
294 Willow Ave	Pick-up on Friday between 9:00 AM-12:00 PM or 1:00 PM-4:00 PM.	Fax: 705-541-5959
Blind River	Submit order by Tuesday at 4:00 PM.	Phone: 705-356-2551
9B Lawton St	Pick-up on Friday between 9:00 AM-12:00 PM or 1:00 PM-4:00 PM.	Fax: 705-356-2494
Elliot Lake	Orders may be submitted at any time and will be ready for pick-up	Phone: 705-848-2314
302-31 Nova	after two business days.	Fax: 705-848-1911
Scotia Walk		
Wawa	Orders may be submitted at any time and will be ready for pick-up	Phone: 705-856-7208
18 Ganley St	after two business days.	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. <u>Please use the High Risk</u> <u>Order Form to order high risk vaccines.</u>

Healthcare Provider / Agency Name:			Date:	Date:			
Name of Contact Person:			Phone Nu	Phone Number:			
Fax Number:	City/Town:		Phone Number: Minimum Dose Inventory on				
Description	Catalogue Number(s)	Doses per package/box	Inventory	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:							
Tetanus/Diphtheria/Pertussis/Polio/Hib Vaccine [Pentacel]	6571-3348-0	5					
Haemophilus Influenzae Type B (Hib) Vaccine [Act-Hib]	6571-3254-0 6571-3255-0	1 5					
Polio Vaccine [IMOVAX Polio]	6571-3220-2	1					

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Meningococcal C Vaccine [Menjugate / NeisVac-C]	6571-3344-3	10							
Measles, Mumps and Rubella Vaccine [MMRII / Priorix]	6571-3230-0	10							
Measles, Mumps, Rubella and Varicella Vaccine [ProQuad / Priorix-Tetra]	6571-3604-0	10		0					
Pneumococcal 15-Valent Vaccine	6571-2220-0) 1		1					
[Vaxneuvance]	6571-2220-1	10		0					
Pneumococcal 20-Valent Vaccine [Prevnar 20]	6571-4020-1	10							
Rotavirus Vaccine [Rotarix]	6571-4232-0		•	1					
	6571-4233-0	10		0					
Tetanus and Diphtheria Vaccine [Td Adsorbed]	6571-3240-1	10		0					
Tetanus, Diphtheria and Pertussis	6571-2203-0	5		5					
Vaccine [Adacel / Boostrix]	6571-2207-0	10		0					
Tetanus, Diphtheria, Pertussis and Polio Vaccine [Adacel-Polio / Boostrix-Polio]	6571-2013-1	10		0					
Varicella Vaccine 10/box	6571-3305-1		•	1					
[VarivaxIII / Varilrix]	6571-3305-0	10		0					
Herpes Zoster [Shingrix]	6571-2020-0 6571-2020-1	1 10							
Vaccines for School Program:									
Hepatitis B Vaccine									
[Recombivax / Engerix]	6571-3243-0			1					
(Adult - 1.0 mL dose - for students from 11 to	6571-3243-1		10						
less than 16 years of age)									
Hepatitis B Vaccine									
[Recombivax / Engerix] (Pediatric – 0.5 mL dose - for students from 16	6571-3251-0	1							
to less than 20 years of age)									
Human Papillomavirus (HPV-9) Vaccine	6571-3390-0			1					
[Gardasil 9]	6571-3390-1	10		0					
Meningococcal A, C, Y, W-135 Vaccine	6571-3360-0	1		1					
[Menactra / Nimenrix]	6571-3360-1	5		5					
	6571-3370-0		•	1					
	6571-3370-1		1	0					
Related Products Numb				gue Number ch) Please √		Pe Pack		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	7540-1960-0			7540-1960-0F			1	-	
Vaccine Temperature Log Book	7610-1908-0		\dashv	7610-19			1	-	
vaccine remperature Lug Duuk	1010-1900-0			1010-18	-UC-UF		l		

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.

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