

FOR OFFICE USE ONLY		
*Holding Point Code: YOR_NW		
Requisition number:		

High-Risk Respiratory Syncytial Virus (RSV) Vaccine Order Form

SECTION 1 — INSTRUCTIONS FOR HEALTHCARE PROVIDER

- 1. Complete all mandatory fields (*) missing information will result in delays to your order
- 2. Recipient of high-risk publicly-funded vaccine must meet the high-risk eligibility criteria(s)
- 3. Only one month of high-risk doses will be released at a time to prevent vaccine wastage
- 4. Orders must include the most current five business days of refrigeration temperature logs
- 5. Send both pages to avoid delays in processing to vaccineinventory@york.ca or 905-830-0578

SECTION 2 — HEALTHCARE PROVIDER INFORMATION *Holding Point Code: YOR_NW

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy) *Number of immunizer(s)

*Type of practice: General practice Hospital Other:

*Contact person *Phone number

*Fax *Email

Unit number *Street number *Street address

*City/Town *Postal code

SECTION 3 — PICK UP LOCATIONS

*Select Pick Up Location – pick up hours may vary. Please visit <u>York.ca/vaccineinventory</u> or call 1-877-464-9675 ext. 74033 for information on pick up times

Newmarket Richmond Hill Georgina

17150 Yonge Street 50 High Tech Road 24262 Woodbine Avenue

Vaughan Markham

9060 Jane Street 4261 Highway 7 East

SECTION 4 — ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly-funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly-funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to York Region Public Health upon request. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly-funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

Complete and submit pages 1 and 2



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SECTION 5 - RISK CRITERIA CODE

60 years of age and older and one of the following:

- 1. patient in hospital receiving alternative level of care (ALC)
- 2. patient receiving hemodialysis or peritoneal dialysis
- recipient of solid organ or hematopoietic stem cell (HSC) transplant
- 4. individual experiencing homelessness
- 5. individual who identifies as First Nations, Inuit or Metis

SECTION 6 - VACCINE REQUEST(S)			
Recipient Initials	Date of Birth (mm/dd/yyyy)	Risk Criteria Code (Refer to Section 5)	
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Printed by/date:	Entered by/date:	Sorted by/date:	
Picked by/date:	Packed by/date:	Audited by/date:	