

FOR OFFICE USE ONLY \*Holding Point Code: YOR\_NW

Requisition number:

# **High-Risk 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 to two months 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 905-830-0578 or vaccineinventory@york.ca
- 6. Complete orders will be processed in approximately three to four business days.

# **SECTION 2 – HEALTHCARE PROVIDER INFORMATION** \*Holding Point Code: YOR\_NW

*Healthcare provider	Practice name				
*Order date (mm/dd	/уууу)	*Nu	ımber	of immunizer(s)	
*Type of practice:	General practice	Pediatrician	C	)ther:	
*Number of fridge(s)	*Type(s	) of fridge:	Bar	Domestic	Purpose-built
*Contact person				*Phone number	
*Fax	*Email				
Unit number	*Street num	ber	*Stree	t address	
*City/Town			*Post	al code	

### SECTION 3 – PICK UP LOCATIONS

\*Select Pick Up Location – pick up hours may vary. Please visit York.ca/vaccineinventory 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 9060 Jane Street	Markham 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 to 3
*Print Name	*Signature	*Date (mm/dd/yyyy)
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container, digital temperature	monitoring device, and appropriate packaging	a material.



# **SECTION 5 – REQUEST**

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria (Check all that apply)
Meningococcal B (Bexsero®)			Dose	Date	Eligibility Age Group: 2 months to 17 years (2 to 4 doses, depending on the age at the time of
D (Dexselo )			1		the 1st dose)
			2		Acquired complement deficiencies (e.g., receiving eculizumab)
			3		Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant)
	4 Complement, proper antibody deficiencies Human Immunodefic For reason not listed abo		4		Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)
		For reason not listed above, please call 1-877-464-9675 ext. 74033			
Meningococcal C – ACYW-135			Dose	Date	Eligible Age Group: 9 months and older (1 to 4 doses, depending on the age at the time
(Nimenrix <sup>®</sup> , Menactra <sup>®</sup> )			1		of the 1st dose) Note: individuals > 55 years will be supplied
,			2		Nimenrix <sup>®</sup> /Menactra <sup>®</sup> in substitution of Menomune <sup>®</sup> .
For special release of school-based dose, please call 1-877-464-9675 ext. 73452		Acquired complement deficiencies			
			4		(e.g., receiving eculizumab) Asplenia (functional or anatomic)
			Booster		Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)
					For reason not listed above, please call 1-877-464-9675 ext. 74033
Human Papillomavirus		Dose Date Eligible Age Group: 9 to 26 years	Eligible Age Group: 9 to 26 years Eligible Gender: Male		
(HPV) (Gardasil 9 <sup>®</sup> )			1 (3 doses)	(3 doses)	
. ,			2		Men who have sex with men (MSM) For reason not listed above, please call 1-877-464-9675 ext. 74033
For special release of school-based dose, please call 1-877-464-9675 ext. 73452			3		
Hepatitis A Virus			Dose	Date	Eligible Age Group: ≥1 year
(Avaxim®, Havrix®, Vaqta®)			1		(2 doses) Intravenous drug use
			2		Liver disease (chronic), including hepatitis B and C Men who have sex with men (MSM)
					For reason not listed above, please call 1-877-464-9675 ext. 74033



#### SECTION 5 – REQUEST CONTINUED Dose # in Series Date Vaccine **High-Risk Eligibility Criteria** Recipient Requested Product (subject of Initials Date ordered (Check all that apply) Birth to availability) (mm/dd/yy) Haemophilus Dose Date Eligible Age Group: $\geq$ 5 years influenzae asplenia (functional or anatomic) (1 dose) 1 type b bone marrow or solid organ transplant (Hiberix<sup>®</sup>) recipients (1 dose) 2 (Act-Hib®) cochlear implant recipients (pre/post implant) 3 (1 dose) hematopoietic stem cell transplant (HSCT) recipients (3 doses) immunocompromised individuals related to disease or therapy (1 dose) lung transplant recipients (1 dose) primary antibody deficiencies (1 dose) For reason not listed above, please call 1-877-464-9675 ext. 74033 Polio Dose Date Eligible Age Group: $\geq$ 18 years (Imovax Polio<sup>®</sup>) (1 adult lifetime booster dose) Booster travelers who have completed their immunization series against polio and are travelling to areas where polio virus is known or suspected to be circulating For reason not listed above, please call

Please refer to the <u>Ontario Publicly Funded Immunization Schedules</u> for further details regarding eligibility and recommended dosing intervals.

To order Hepatitis B Virus (HBV) vaccine, please use the High Risk Hepatitis B Virus (HBV) Vaccine Order Form.

# FOR OFFICE USE ONLY

Printed by/date:

Entered by/date:

Sorted by/date:

Picked by/date: Packed by/date: Audited by/date:

1-877-464-9675 ext. 74033