York Region

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

Publicly Funded Vaccines Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Maintain no more than one month supply of any vaccine. Do not overstock your refrigerator.
3. Entire current refrigerator inventory amount must be entered. Please enter "0" if there is no vaccine.
4. Orders must include the most current five business days of refrigerator temperature logs.
5. Email both pages to **VaccineInventory@york.ca** to avoid delays in processing, or fax to 905-830-0578.
6. You will receive a notification by telephone call or e-mail when your order is ready for pick-up.

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 ◯ Pediatrician ◯ Other:

*Number of refrigerator(s) *Type(s) of refrigerator: ◯ Bar ◯ Domestic ◯ Purpose-built

*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. Our office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday at all locations.**

◯ Newmarket
17150 Yonge Street

◯ Richmond Hill
50 High Tech Road

◯ Georgina
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.

*Print Name *Signature *Date (mm/dd/yy)

Complete and submit pages 1 and 2

SECTION 5 – VACCINE INVENTORY AND REQUEST

Trade Name(s) (Subject to availability)	Vaccine/ Product	Disease(s)	Entire Current Vaccine Inventory Number in Doses	Number of Doses Requested
Pentacel® Infanrix-IPV/Hib	DTaP-IPV-Hib	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b		
Imovax® Polio	IPV	Polio **(Limit 2 doses)**		
MenQuadfi™ Nimenrix® Menveo	Men-C-ACYW	Invasive Meningococcal Disease		
MMR®II Priorix®	MMR	Measles, Mumps, Rubella		
ProQuad® Priorix-Tetra®	MMR-Var	Measles, Mumps, Rubella, Varicella		
Vaxneuvance®	Pneu-C-15	Invasive Pneumococcal Disease		
Prevnar20™	Pneu-C-20	Invasive Pneumococcal Disease (for individuals at high risk for IPD)		
Capvaxive®	Pneu-C-21	Invasive Pneumococcal Disease		
Tubersol®	TB PPD	Tuberculosis **(Limit 20 doses)**		
Rotarix®	Rota-1	Rotavirus		
Abrysvo® Arexvy®	RSV	Respiratory Syncytial Virus		
Td ADSORBED®	Td	Tetanus, Diphtheria		
Adacel® Boostrix®	Tdap	Tetanus, Diphtheria, Acellular pertussis		
Adacel®-Polio Boostrix®-Polio	Tdap-IPV	Tetanus, Diphtheria, Acellular pertussis, Polio		
Varivax®III Varilrix®	Var	Varicella		
Shingrix®	Zos	Herpes Zoster		

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

(OPTIONAL) NOTES ON VACCINE ORDER

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Printed by/date: _____ Picked by/date: _____

Entered by/date: _____ Packed by/date: _____

Sorted by/date: _____ Audited by/date: _____