



FOR OFFICE USE ONLY

Holding Point Code: YOR\_NW

Requisition number:

## Publicly Funded Vaccine 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 fridge.
3. Entire current fridge inventory amount must be entered. Please enter "0" if there is no vaccine.
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/yyyy)

\*Number of immunizer(s)

\*Type of practice:      General practice      Pediatrician      Other:

\*Number of fridge(s)      \*Type(s) of fridge:      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

**\*Pick up location - All office pick up hours are Monday to Friday 8:30 a.m. to 4:30 p.m. except Georgina Office (Wednesday 12:30 p.m. to 4:30 p.m.)**

Newmarket 520 Cane Parkway	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 ORDER FORM

Trade Name(s) (Subject to availability)	Vaccine	Disease(s) and/or Eligibility Information	Entire Current Vaccine Inventory number in Doses	Number of Doses Required
Pediacel®	DTaP-IPV-Hib	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b		
Hiberix® Act-Hib®	Hib	Haemophilus influenzae type b	Contact York Region Public Health Ext. 74033	
Imovax® polio	IPV	Inactivated Polio Vaccine <b>(Limit 2 doses)</b>		
Menjugate® Liquid Neisvac-C®	Men-C-C	Meningococcal Conjugate C		
Priorix® MMR®II	MMR	Measles, Mumps, Rubella		
Priorix-Tetra® ProQuad®	MMRV	Measles, Mumps, Rubella, Varicella		
Prevnar® 13	Pneu-C-13	Pneumococcal Conjugate 13		
Pneumovax® 23	Pneu-P-23	Pneumococcal Polysaccharide 23		
Tubersol®	TB Mantoux	Tuberculin Purified Protein Derivative <b>(Limit 20 doses)</b>		
RotaTeq®	Rot-5	Rotavirus		
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		
Zostavax II®	Shingles	Eligible for 65 to 70 years of age		

## SECTION 6 – INFLUENZA VACCINE INVENTORY AND ORDER

Trade Name(s) (Subject to Availability)	Vaccine	UIIP Eligibility Age Group	Format	Entire Current Vaccine Inventory Number in Doses	Number of Doses Required
FluLaval® Tetra Fluzone® Quadrivalent	QIV	6 months and older	MDV & Pre-filled Syringe		
Fluzone® High Dose	HD TIV	65 years and older	Pre-filled Syringe		

Note: NACI has not identified any preference between high dose TIV and QIV products.

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Printed by/date:

Picked by/date:

Entered by/date:

Packed by/date:

Sorted by/date:

Audited by/date: