

## Vaccine Order Form for Healthcare Providers

## **EASTERN ONTARIO HEALTH UNIT**

1000 Pitt Street

Cornwall, Ontario K6J 5T1

**Telephone:** 613-933-1375 ext. 1283

EOHU Use Only – Order Number:	

When completed, fax or email this form to:

Fax: 613-936-0700 Email: store@eohu.ca

- Submit a copy of the LAST 4 WEEKS of temperatures with your order.
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Refer to the current **Publicly Funded Immunization Schedules** for Ontario for eligibility criteria. Call for questions on recommended immunizations.
- Complete ALL fields to avoid a delay in processing your vaccine order.

Healthcare Provider/Clinic/Long Term Care Home Name				Order Date (Year/Month/Date)				
Healthcare Provider Contact								
Last Name First Name			Title					
Telephone Number	Fax Number		Email Address					
Address								
Unit Number Street Number Street Name			Post Offic	Post Office Box STN/ RPO/ RR				
City/Town			Province Postal Code			Code		
DESCRIPTION			SUPPLIED AS DOSES PER PACKAGE	PROE ALTERN	OUCT IATE ID	DOSES REQUIRED		
VACCINES		ı						
Haemophilus influenzae type b Vaccine (Act-HIB®/HIBERIX)			5	65713	657132550			
Meningococcal C Conjugate Vaccine (Menjugate Liquid/NeisVac-C®)			10	65713	3443			
Measles, Mumps and Rubella Vaccine (MMR®II/PRIORIX)			10	65713	32300			
Measles, Mumps, Rubella and Varicella Vaccine (PRIORIX-TETRA / ProQuad®)			10	65713	657136040			
Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b Vaccine (PEDIACEL®)			5	657133460				
Pneumococcal 15-valent conjugate (Pneu-C-15), Vaxneuvance			10	65712	22201			
Pneumococcal 20-valent conjugate (Pneu-C-20), Prevnar 20			10	65714	0201			
Polio Vaccine (IMOVAX®Polio)			1	65713	32202			
Rotavirus Vaccine (ROTARIX)			10	65714	2330			
Tetanus and Diphtheria Vaccine (Td ADSORBED)			10	65713	32400			
Tetanus, Diphtheria and Pertussis Vaccine (ADACEL®/BOOSTRIX)			5	65712	22030			
Tetanus, Diphtheria, Pertussis and Polio Vaccine (ADACEL®-POLIO/BOOSTRIX-POLIO)			10	65712	20131			

DESCRIPTION	DOSES ON HAND	SUPPLIED AS DOSES PER PACKAGE	PRODUCT ALTERNATE ID	DOSES REQUIRED		
Varicella Vaccine (Varivax®III/VARILRIX)		10	657133050			
VACCINES – DESIGNATED POPULATIONS						
Shingles Herpes Zoster (SHINGRIX) (for 65-70 yrs of age only)		1	657120200			
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution (TUBERSOL®)		10	650633110			
HIGH RISK - WITH INDIVIDUALIZED PRESCRIPTION, INCLUDING ELIGIBILITY CRITERIA						
Hepatitis A Vaccine, Inactivated Pediatric, 0.5 ml (HAVRIX/VAQTA®/AVAXIM®)		1	657132560			
Hepatitis A Vaccine, Inactivated Adult ,1.0 ml (HAVRIX/VAQTA®/AVAXIM®)		1	657132570			
Hepatitis B (Paediatric) Vaccine, 0.5 ml Vial 1 / Box (Engerix-B®/RECOMBIVAX HB)		1	657132510			
Hepatitis B (Adult) Vaccine, 1.0 ml Vial 1 / Box (Engerix-B®/RECOMBIVAX HB)		1	657132430			
HPV-9 (≤ 26 yrs gay, bisexual, MSM, trans) (GARDASIL®9)		1	657133900			
Men-C-ACYW135 (Menactra®/NIMENRIX®/MENVEO)		1	657133600			
VACCINE RELATED PRODUCTS						
Immunization Cards – Available in English or French		1	753047080			
		1	753047080F			
Vaccine Temperature Log Book – English		1	761019080			
Vaccine Temperature Log Book – French		1	761019080F			

## By submitting this order and signing below, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily.
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to the EOHU and recommendations regarding usage of the effected vaccines have been implemented by the practice.
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature
  monitoring devices.

NOTE: If you are unable to verify any of the above, call EOHU Materials Management at 613-933-1375 ext. 1283.

To expedite vaccine pick-up, please ensure that you arrive at the Health Unit with your cooler prepped. Cooler must have a min/max digital thermometer and temperatures must be maintained between 2-8 degrees C. In addition, you must have icepacks/ice blankets as well as bubble wrap. Vaccines will not be released until all cold chain requirements are adhered to. Should you require additional materials, please contact the Health Unit.

Customer - Authorized Offici	al	
 Last Name	First Name	Title
Signature		 Date (Year/Month/Date)

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.