

**Facility Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Facility Fax #:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_ **of Fridges:** \_\_\_\_\_ **Type:** ☐ Bar ☐ Domestic ☐ Purpose Built ☐ Other

- Place orders by **Wednesday** for pick up the following **Tuesday**
- Orders must include the **previous 4 week** temperature log
- Coolers must be between 2 - 8 °C for vaccine to be released
- Vaccine order inquiries ext. 8808

Vaccine Name	Product / Description	Current Vaccine Inventory # of doses	Doses per Package	Requested Vaccine # of doses
Act HIB®	Haemophilus influenzae type b (Hib)		1	
ADACEL® / BOOSTRIX®	Diphtheria, Tetanus, Pertussis (Tdap) *14-16 yr. booster and one dose/adult lifetime		5	
ADACEL®-POLIO / BOOSTRIX®-POLIO	Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV)		5	
IMOVAX® Polio	Inactivated Polio (IPV)		1	
Menjugate®	Meningococcal C Conjugate		5	
M-M-R® II / PRIORIX® & Diluent	Measles, Mumps, Rubella (MMR)		10	
Pediacel®	Diphtheria, Pertussis, Tetanus, Polio and Act-HIB		5	
Pneumo 23® / Pneumovax®23	Pneumococcal Polysaccharide 23-Valent / Pneumococcal vaccine, polyvalent		1	
Prevnar®13	Pneumococcal 13-valent Conjugate		10	
Priorix-Tetra® & Diluent	Measles, Mumps, Rubella, Varicella (MMRV) *Only for 4-11 yrs. who received one MMR and one varicella or no prior doses of MMR and varicella		1	
Quadracel®	DTaP-IPV *Only for 5 & 6 yrs. completing a primary series		1	
Recombivax HB®	Hepatitis B – for dialysis patients		1	
Rotarix®	Rotavirus oral vaccine		1	
TUBERSOL®	Tb Mantoux Test (Tb)		10	
Td ADSORBED	Tetanus, Diphtheria (Td)		5	
VARILRIX® / VARIVAX® III & Diluent	Varicella (Chicken Pox)		1	

<b>Please indicate quantity</b>	Immunization Cards: Adult _____ Child _____	Vaccine Refrigerator Maintenance Log Book: _____	Vaccine Storage & Handling Guideline: _____
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**A separate order form available through the Health Unit is required for the following vaccines:**

- Eligible Hepatitis A and B Vaccine Order Form
- Influenza Vaccine Order Form

**Location to be picked up (please check):**
☐ **Barrie** ☐ **Collingwood** ☐ **Cookstown** ☐ **Gravenhurst** ☐ **Huntsville** ☐ **Midland** ☐ **Orillia**
**BIOS Order # (for office use only):** \_\_\_\_\_

2014-05

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