

Date: _____

Facility Contact:	Phone #:	Ext.:	Facility Fax #:
Facility Name:		# of Fridges: _____ Type: <input type="checkbox"/> Bar <input type="checkbox"/> Domestic <input type="checkbox"/> Purpose Built	
<ul style="list-style-type: none"> • Place orders by Wednesday 3 pm for pick up the following Wednesday • Orders must include the previous 4 week temperature log for all fridges 		<ul style="list-style-type: none"> • 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®/Hiberix®	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)		10	
IMOVAX® Polio	Inactivated Polio (IPV)		1	
Menjugate®/Neis Vac C®	Meningococcal C Conjugate (MenC)		10	
M-M-R® II / PRIORIX® & Diluent	Measles, Mumps, Rubella (MMR)		10	
Pediacel®	Diphtheria, Pertussis, Tetanus, Polio and Act-HIB		5	
Pneumovax®23	Pneumococcal Polysaccharide 23-Valent vaccine		10	
Prevnar®13	Pneumococcal 13-valent Conjugate for Childhood Immunization and High Risk Adults		10	
Priorix-Tetra® / ProQuad® & 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		10	
RotaTeq®	Rotavirus oral vaccine (3 dose series)		1	
TUBERSOL®	Tb Mantoux Test (Tb)		10	
Td ADSORBED®	Tetanus, Diphtheria (Td)		5	
VARILRIX® / VARIVAX® III & Diluent	Varicella (Chicken Pox)		10	
Zostavax®	Shingles *Only for those age 65-70		10	
Other Vaccines:				
Hep A	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk		1	
Hep B	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk		1	
Hep B Renal	For HOSPITALS ONLY *Eligible High Risk.		1	
Separate order forms are required for the following vaccines: • High Risk HPV, Meningitis, Hep A & B • Influenza Vaccine • School Menactra Forms are available at the Health Unit's website for Primary Care Providers: http://www.simcoemuskokahealth.org/JFY/PCPortal.aspx				

Location to be picked up (please check):

- Barrie
 Collingwood
 Cookstown
 Midland

Please note: Immunization yellow cards and schedules can be picked up from reception.

VIM Order # (for office use only): _____

2019-04-25

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