

Date: _____

Facility Name: _____ Phone #: _____ # of MDs & NPs: _____

Facility Contact: _____ # of Fridges: _____ Type: ☐ Bar ☐ Domestic ☐ Purpose Built

- Place orders by **3pm Wednesday** for pick up the following **Wednesday morning**
- Orders must include the **previous 4 week** temperature log
- Order no more than a **1 – 2 week** supply
- For **URGENT** requests due to **UNEXPECTED** demands, provide details below
- Include current Influenza vaccine inventory
- Coolers must be between 2 - 8 °C for vaccine to be released
- Vaccine order inquiries 1-877-721-7520 ext. **8808**

Premise Type:				
<input type="checkbox"/> Physician Office	<input type="checkbox"/> Retirement Home	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Workplace	<input type="checkbox"/> Nursing Agency
<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Community Health Ctr	<input type="checkbox"/> Other
Based on Ministry's distribution and supply of vaccine, the health unit cannot guarantee the amount or type of vaccine released to facilities, therefore HCPs should be prepared with appropriate supplies.				
Influenza Vaccines		Current # of Doses in your fridge	Requested # of Doses	
HD TIV - Fluzone® High-Dose (prefilled syringe) <ul style="list-style-type: none"> Publicly funded for those 65 years and over 				
QIV - FluLaval®Tetra/Fluzone®Quadrivalent/ Afluria®Tetra (may be multi dose vial or prefilled syringe) <ul style="list-style-type: none"> Publicly funded for those 6 months and older Afluria®Tetra is only to be administered to individuals 5 years and older 				
<small>HD TIV = High Dose Trivalent Influenza Vaccine; protects against 2 A strains & 1 B strain. Only for those 65 years+ QIV = Quadrivalent Influenza Vaccine; protects against 2 A strains & 2 B strains.</small>				
For high volume scheduled influenza clinic(s) or urgent influenza orders, please provide details for consideration.				

Location to be picked up (please check):

☐ Barrie
☐ Collingwood
☐ Cookstown
☐ Midland

VIM Order # (for office use only): _____

2019-09-25

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