

Date: _____

Facility Name: _____ Phone #: _____ Facility Fax #: _____

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

- Place orders by **3:00 p.m. Wednesday** for pick up the following **Wednesday morning**.
- Orders must include the **previous 4 weeks of temperature log**.
- Order no more than a **10 dose supply**.
- Vaccine order inquiries: 1-877-721-7520 ext. **8808**.
- For **URGENT** requests due to **UNEXPECTED** demands, provide details below.
- Include current Men-C-ACYW vaccine inventory.
- Coolers must be between 2 - 8 °C for vaccine to be released.
- ❖ **Doses administered must be reported to SMDHU**

Premise Type:

Physician Office NP Clinic Community Health Other

Vaccine:	Current # of doses in your fridge	Requested # of doses
Men-C-ACYW (Nimenrix®) Quadrivalent conjugate meningococcal vaccine (groups A, C, Y and W-135) <u>** Only for those born in or after 1997 who missed the dose while in school, including current Grade 9 – 12 students who have not yet received their dose.</u> <u>** Students currently in grade 7 and grade 8 will be offered school vaccines in school during the school year</u>	_____ Current # of doses Have previous doses of Men-C-ACYW that have been given been reported to SMDHU? ____ Yes ____ No	_____ Requested # of doses <i>(limit of 10 doses)</i>

To share your client's immunization record go to
<http://www.smdhu.org/immsonline> or fax to 705-726-3962
 or call **Health Connection** 705-721-7520 or 1-877-721-7520

Location to be picked up (please check):

Gravenhurst Huntsville Orillia

VIM Order # (for office use only): _____

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