

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 week** 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:			
<input type="checkbox"/> Physician Office	<input type="checkbox"/> NP Clinic	<input type="checkbox"/> Community Health	<input type="checkbox"/> Other
Vaccine:	Current # of doses in your fridge	Requested # of doses	
<p>Men-C-ACYW (Menactra® or Menveo™)</p> <p><u>Only for Grade 8-12 students who missed this dose in school</u></p> <p>Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine</p>	<p>_____</p> <p>Current # of doses</p> <p>Have previous doses of Men-C-ACYW that have been given been reported to SMDHU?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____</p> <p>Requested # of doses</p>	
<p>To share your client's immunization record go to www.smdhu.org/immsonline fax to 705-726-3962 or call Health Connection 705-721-7520 or 1-877-721-7520</p>			

Location to be picked up (please check):

Gravenhurst Huntsville Orillia

VIM Order # (for office use only): _____

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