

Date: \_\_\_\_\_

<b>Facility Contact:</b>	<b>Phone #:</b>	<b>Ext.:</b>	<b>Facility Fax #:</b>
<b>Facility Name:</b>		<b># of Fridges:</b> _____ <b>Type:</b> <input type="checkbox"/> Bar <input type="checkbox"/> Domestic <input type="checkbox"/> Purpose Built	
<ul style="list-style-type: none"> <li>• Place orders by <b>Wednesday 3 pm</b> for pick up the following <b>Wednesday</b></li> <li>• Orders must include the <b>previous 4 week</b> temperature log for all fridges</li> </ul>		<ul style="list-style-type: none"> <li>• Coolers must be between 2 - 8 °C for vaccine to be released</li> <li>• Vaccine order inquiries ext. 8808</li> </ul>	

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	
SHINGRIX & Diluent	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: <a href="http://www.simcoemuskokahealth.org/JFY/PCPortal.aspx">http://www.simcoemuskokahealth.org/JFY/PCPortal.aspx</a>				

**Location to be picked up (please check):**

- Gravenhurst     
  Huntsville     
  Orillia

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

**VIM Order #** (for office use only): \_\_\_\_\_

2020-10-14

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