

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:

<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
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 (limit of 10 doses)
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):

☐ Barrie ☐ Collingwood ☐ Cookstown ☐ Midland ☐ Gravenhurst ☐ Huntsville ☐ Orillia

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