

Huron Perth Public Health Publicly Funded Routine Vaccine Order Form

77722B London Road Clinton, ON Tel: 1-888-221-2133 Fax: 1-877-271-2785 www.hpph.ca

Fax completed form to 1-877-271-2785 no later than Friday at noon prior to delivery date of the first Thursday or Friday monthly. Early submission of orders is encouraged to avoid missing the deadline. Any orders received after the deadline of Friday at noon will need to be picked up from the Health Unit. Name of Facility, Physician, or Family Health Team (THIS SECTION MUST BE COMPLETED) Office Use Only Requisition # Date: Ordered by: Phone Number: Temperature Logs dating back to last order included? Date of Last Temp Logs Sent: Yes **Current Fridge** Number of **Doses Per Product ID** Vaccine Antigen Inventory by **DOSES Vaccine Brand Name Package** Requested **DOSES Pediacel or Pentacel** 657133480 DTaP-IPV-Hib 5 doses / pkg IPV **Polio** 657132202 1 dose / pkg Menjugate / NeisVac Men C-C 657133443 10 doses / pkg **MMR II or Priorix MMR** 657132300 10 doses / pkg **MMRV** Priorix-Tetra or Pro-Quad 657136040 10 doses / pkg Pneu-C-15 Vaxneuvance 657122201 10 doses / pkg Prevnar 20 657140201 Pneu-C-20 10 doses / pkg 657142330 Rotavirus Rotarix 10 doses / pkg **Tetanus Diphtheria Td Adsorbed** 657132401 10 doses / pkg **Adacel or Boostrix** 657122030 **Tdap** 5 doses / pkg Adacel-Polio or Boostrix-Polio 657120131 Tdap-IPV 10 doses / pkg Varicella Varilrix or Varivax III 657133050 10 doses / pkg **Zoster (Shingles) Shingrix** 657120200 1 dose / pkg 650633110 **PPD** Tubersol (TB) 10 doses /pkg **Current Fridge** Number of Other Vaccines - Please include any other publicly funded vaccines you Lot# **Expiry Date** Inventory by **DOSES** have in inventory below (ie. Rabies) **Doses** Requested n/a n/a n/a n/a **Current Fridge** Number of **Doses Per** Influenza Vaccines **Product ID** Inventory by **DOSES Package** Requested **Doses** QIV - (Quadrivalent) Inj. > 6 mo 657144000 10 doses / box (FluLaval Tetra QIV(Multi Dose vials), or Fluzone QIV (MD) (multi-dose vial) QIV - (Quadrivalent) Inj. ≥ 6 mo 657144200 10 doses / box Fluzone QIV (Pre-filled Syringes) Will provide based on availability (prefilled syringe) HD QIV - (HD Quadrivalent) Inj. > 65 yrs 5 doses / box 657155100 Fluzone High Dose (Pre-filled syringes) (prefilled syringe) 10 doses / box

657133520

(prefilled syringe)

TIV-adj - (Adjuvanted Trivalent) Inj. ≥ 65 yrs **ONLY** (Fluad - PFS)



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Vaccine Supplied by the Ministry of Health and Long-Term Care

Ordering/Receiving Vaccine:

- Master copies of the vaccine order forms will be supplied and also be available on our website (<u>www.HPPH.ca</u>) to use when placing a vaccine order. Please call 1-888-221-2133, Ex. 2301 or fax 1-877-271-2785 if you need a copy.
- Any orders received after the deadline of Friday at NOON prior to delivery date of 1st Thursday or Friday monthly will need to be picked up at Huron Perth Public Health. Office hours are Monday through Friday 8:30 am to 4:30 pm. Submitting orders early is encouraged to avoid delivery deadline.
- ▶ It is recommended that School-Based Vaccine Orders and High Risk Vaccine Orders are faxed ahead of the order date to allow time for processing.
- Completed fridge temperature logs dating back to your last submission of temperatures must accompany your order form.
- ▶ Please verify packing slip against vaccine received (ie. quantity, lot # and expiry date) and report any discrepancies to Huron Perth Public Health by faxing 1-877-271-2785.

To Return Vaccine:

All unused, expired or spoiled vaccine should be packaged with a completed Vaccine Return Form and returned to Huron Perth Public Health every 2-3 months. For copies of Return Forms, visit our website at www.HPPH.ca, or call 1-888-221-2133 ex. 2301 or fax 1-877-271-2785. Please note, vaccines will not be accepted for return without a completed Return Form.

Questions? Call 1-888-221-2133 ext 2301

8.05. F1 Revised: July, 2024