

Huron Perth Public Health Routine Publicly Funded Vaccine Order Form

653 West Gore St., Stratford, ON Tel: 1-888-221-2133 Fax: 519-271-2785 www.hpph.ca

Fax completed form to Vaccine Coordinator at 519-271-2785 (phone 1-888-221-2133 ext. 3225 for questions).

ORDERS can be <u>PLACED</u> on the 2nd and 4th Monday of the Month ONLY, by <u>no later than 10:00 am</u> (Orders may be placed early)

Any orders <u>received after 10:00 am</u> on the Monday <u>will not be processed</u> until the next order date

ORDERS can be PICKED UP starting on the Thursday at 8:30 am or any time after that (Office hrs 8:30 am to 4:30 pm)

						· · · · · · · · · · · · · · · · · · ·
Name of facility, physician, or family health team:				Office Use Only: HP Code: PER_ST_000		
Date:			Ordered by:			
Phone Number: Temperature Logs dating back			ck to last order included? Yes		Date of Last Temp Logs Sent:	
Vaccine Antigen	Vaccine Brand Name		Product ID	Doses Per Package	Current Fridge Inventory by DOSES	Number of <u>DOSES</u> Requested
DTaP-IPV-Hib	Pediacel or Pentacel		657133460 657133480	5 doses / pkg		
IPV	Polio		657132202	1 dose / pkg		
Men C-C	Menjugate or NeisVac		657133443	10 doses / pkg		
MMR	MMR II or Priorix		657132300	10 doses / pkg		
MMRV	Priorix-Tetra o	or Pro-Quad	657136040	10 doses / pkg		
Pneu-C-15	Vaxneuvance		657122201	10 doses / pkg		
Pneu-C-20	Prevnar 20		657140201	10 doses / pkg		
Rotavirus	Rotarix		657142330	10 doses / pkg		
Tetanus Diphtheria	Td Adsorbed		657132401	10 doses / pkg		
Tdap	Adacel or Boo	strix	657122030	5 doses / pkg		
Tdap-IPV	Adacel-Polio o Polio	or Boostrix-	657120131	10 doses / pkg		
Varicella	Varilrix or Var	ivax III	657133050	10 doses / pkg		
Zoster (Shingles)	Shingrix		657120200	Order in single dose quantities		
PPD	Tubersol (TB)		650633110	10 doses / pkg		
Other Vaccines — (Please <u>include</u> any other publicly funded vaccines you have in inventory below) ie: Rabies, High Risk, School Based			Product ID		Current Fridge Inventory by <u>Doses</u>	Number of <u>DOSES</u> Requested
			n/a			n/a
			n/a			n/a
			n/a			n/a
			n/a			n/a
Influenza Vaccines			Product ID	Doses Per Package	Current Fridge Inventory by <u>Doses</u>	Number of <u>DOSES</u> Requested
QIV - (Quadrivalent) Inj. ≥ 6 mo (FluLaval Tetra QIV(Multi Dose vials), or Fluzone QIV (MD)			657144000	1 pkg = 10 doses (will provide		-
QIV - (Quadrivalent) Inj. > 6 mo Fluzone QIV (Pre-filled Syringes)			657144200	based on what is available)		
HD QIV - (HD Quadrivalent) Inj. ≥ 65 yrs (High Dose Fluzone – PFS)			657155100	1 pkg = 5 doses (prefilled syringe)		
TIV-adj - (Adjuvanted Trivalent) Inj. ≥ 65 yrs **ONLY** (Fluad - PFS)			657133520	1 box = 10 doses (prefilled syringe)		
Condoms	Yes □	HEALTH UN	IT USE ONLY: Panorama Req. #:			
Yellow Cards		Date/Time Order Rec'd:			Date/Time Order Can be Picked Up:	
Temperature Log Book		Order Reviewe	d Bv:	Order Filled By:		
					,	



Huron Perth Public Health Routine Publicly Funded Vaccine Order Form

653 West Gore St., Stratford, ON Tel: 1-888-221-2133 Fax: 519-271-2785

www.hpph.ca

Vaccine Supplied by the Ministry of Health and Long Term Care

Ordering/Receiving Vaccine:

- Master copies of the vaccine order forms will be supplied by the health unit to use when placing a vaccine order. Please call ext. 3225 if you have misplaced your original copies or check out website.
- ORDERS can be <u>PLACED</u> on the 2nd and 4th Monday of the Month ONLY, by <u>no later than 10:00 am</u>.
 Orders may be placed early to avoid missing the deadline.
- Any orders received after 10:00 am on the Monday will not be processed until the next order date.
- ORDERS can be <u>PICKED UP</u> starting on the Thursday at 8:30 am or any time after that on an order week. Office hours are from 8:30 am to 4:30 pm.
- School based orders and High-Risk orders can be faxed in ahead of the order date to allow time for processing and will be sent once approved and processed.
- Fax your completed order form and fridge temperature logs dating back to your last vaccine order to (519) 271-2785.
- Please verify packing slip against vaccine received (i.e. quantity, lot # and expiry date) and report any discrepancies to the Health Unit, 1-888-221-2133 ext 3225.

To return vaccines:

• Send all unused, expired or spoiled vaccines with a Vaccine Return Form to Huron Perth Public Health every 2-3 months. Return forms can be obtained by contacting the Health Unit at ext. 3225.

Questions? Call 1-888-221-2133 ext 3225.

July 2024 Page 2 of 2