



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

Vaccine Order Form

Name of Organization Ordering Vaccine: _____

(Note: CHC/FHT order as CHC or FHT not individual HCP)

Name of Organization must be completed otherwise order cannot be filled

Date Ordered: _____ Contact : _____ Telephone #: _____

Maximum one month of stock per order – Complete current stock otherwise order cannot be filled

Vaccines	Doses per box <small>(min order 1 box)</small>	Current Stock <small>(# of doses must be completed)</small>	NO. OF DOSES REQUIRED	FOR OFFICE USE ONLY	
				Lot #	Expiry Date
BID – (Tubersol = Mantoux) 650633110	10 doses				
DTaP-IPV-Hib (Pediacef/Pentacel) 657133460	5 doses				
IPV (Polio) 657132202	1 dose				
Men C (Menjugate/NeisVac-C) 657133442	10 doses				
MMR (MMR II or Priorix) 657132300	10 doses				
MMRV (Priorix-Tetra/ProQuad) 657136040	10 doses				
Pneu-C-13 (Prenar 13) 657122025	10 doses				
Pneu-P-23 (Pneumovax) 657140102	10 doses				
Rot – 1 (Rotarix/RotaTeq) 657142330	10 doses				
Td Absorbed (Tetanus & Diphtheria) 657132400	5 doses				
Td-IPV (Tetanus, Diphtheria & Polio) 657132490	5 doses				
Tdap (Adacel or Boostrix) 657122030	5 doses				
Tdap –IPV (Adacel-IPV & Boostrix-Polio) 657130030	10 doses				
Varicella (Varilrix/Varivax III) 657133050	10 doses				

Condoms Yellow Cards 25 50 100 Plastic Sleeves 25 50 100 Temperature Log Book

By submitting this order, I _____ (please print) verify on behalf of the Health Care Provider that the fridge storing publicly funded vaccines, at the location listed above, maintains cold chain temperatures (between +2.0°C and +8.0°C) and meets the MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request and that Temperature Logs must be kept on-site.

Signature: _____ Date: _____

Fax number: 613-735-3067

VPD Team Telephone Number: 613-735-8653