



Renfrew County and District Health Unit
 "Optimal Health for All in Renfrew County and District"

VACCINE ORDER FORM

Return this form, by email: vaccineorders@rcdhu.com or fax: 613-735-3067
 HCP(s) Office/CHC/FHT Name (Please Print):

Email: _____ Name: _____

Telephone: _____ Fax: _____

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

Vaccine	Doses per box	Current Stock (# of doses – must be)	Number of Doses Required
BID – (Tubersol = Mantoux)	10 doses/box		
DTaP-IPV-Hib (PediaceL)	5 doses/box		
IPV (Polio)	1 dose/box		
Men C (Menjugate or NeisVac-C)	10 doses/box		
MMR (MMR II or Priorix)	10 doses/box		
MMRV (Priorix-Tetra or ProQuad)	10 doses/box		
Pneu-C-13 (Prevnar 13)	10 doses/box		
Pneu-P-23 (Pneumovax)	10 doses/box		
Rot – 5 (RotaTeq)	10 doses/box		
Td Absorbed (Tetanus & Diphtheria)	5 doses/box		
Tdap (Adacel or Boostrix)	5 doses/box		
Tdap – IPV (Adacel-IPV or Boostrix Polio)	10 doses/box		
Varicella (Varilrix or Varivax III)	10 doses/box		

Condoms Yellow Cards 25 50 100 Plastic Sleeves 25 50 100 Temperature Logbook

ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name

*Signature

*Date (mm/dd/yyyy)

For questions or to order, Email vaccineorders@rcdhu.com or call 343-544-6970