

PART 3 (CONT.) VACCINE ORDER (CHECK ELIGIBILITY CRITERIA THAT APPLY AND SELECT DOSE # REQUESTED)			
AGENTS (BRAND NAME)	PUBLICLY FUNDED AGE GROUPS	HIGH-RISK ELIGIBILITY CRITERIA	DOSE # REQUESTED
HPV-9 (Gardasil-9®)	Males 9 to 26 years	<ul style="list-style-type: none"> ○ Men who have sex with men 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
4CMenB (Bexsero®)	2 months to 17 years	<ul style="list-style-type: none"> ○ Acquired complement deficiencies (e.g., receiving eculizumab) ○ Asplenia (functional or anatomic) ○ Cochlear implant recipients (pre/post implant) ○ Complement, properdin, factor D or primary antibody deficiencies ○ Human Immunodeficiency Virus (HIV) 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Men-C-ACYW-135 (Nimenrix® or Menactra®)	9 months to 55 years ≥56 years	<ul style="list-style-type: none"> ○ Acquired complement deficiencies (e.g., receiving eculizumab) ○ Asplenia (functional or anatomic) ○ Cochlear implant recipients (pre/post implant) ○ Complement, properdin, factor D or primary antibody deficiencies ○ Human Immunodeficiency Virus (HIV) 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Booster

PART 4 VACCINE ADMINISTRATION (ONCE VACCINE(S) ADMINISTERED, COMPLETE PART 4 AND SUBMIT TO RCDHU)							
AGENTS (BRAND NAME)	DOSE # DISPENSED	LOT #	EXPIRY DATE	DATE GIVEN (YYYY/MM/DD)	GIVEN BY	RCDHU USE ONLY	PANORAMA ENTRY
AGENT: BRAND NAME:							
AGENT: BRAND NAME:							
AGENT: BRAND NAME:							
AGENT: BRAND NAME:							
AGENT: BRAND NAME:							

PART 4 ACCOUNTABILITY STATEMENT	
<p>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 daily. 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.</p>	
NAME:	SIGNATURE: _____ DATE (YYYY/MM/DD): _____

High-Risk vaccine orders must be placed separately. High-Risk Vaccine Order form must be completed in full and preferably emailed to vaccineorders@rcdhu.com or faxed to 613-735-3067 (Attn: Vaccine Orders).
Of note: for urgent high risk vaccine orders, please call the Inventory cellphone at 343-544-6970.