



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

INFLUENZA VACCINE ORDER FORM

Return this form via e-mail at vaccineorders@rcdhu.com

Name of Facility/Organization	
Name of all ordering practitioners at facility/organization	
Mailing Address	
E-mail Address *required*	
Telephone/Fax Numbers	(T) (F)

			FOR RCDHU USE ONLY	
TYPE	DOSES ON HAND	DOSES REQUESTED	DISTRIBUTION 1 ST ALLOTMENT	DISTRIBUTION 2 ND ALLOTMENT
≥ 6 months + <ul style="list-style-type: none"> FluLaval®Tetra Fluzone®Quadrivalent 				
≥ 65+ <ul style="list-style-type: none"> Fluzone®Quadrivalent High Dose Fluad®Sequirus 				

Please indicate below how many doses of influenza vaccine your vaccine fridge has the capacity to store.

Vaccine	Vial Format	Package dimension(cm)	Storage Capacity (Doses)
Fluzone QIV ≥ 6 months +	MDV	5.8 x 5.4 x 3.6	
FluLaval Tetra ≥ 6 months +	MDV	2.7 x 6.9 x 2.7	
Fluzone High Dose ≥ 65	PFS	10.4 x 9.9 x 2.3	
Fluad ≥ 65	PFS	12.7 x 6.35 x 9.4	

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.

*Print Name

*Signature

*Date (mm/dd/yyyy)

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