



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

RSV 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	
VACCINE TYPE	DOSES REQUESTED	DOSES DISTRIBUTED	
≥ 60+ AREXVY®		<u>1 PK</u>	<u>10 PK</u>

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

Vaccine	Vial Format	Package dimension(cm)	Max Storage Capacity (Doses)
AREXVY® 1 PK ≥ 60 +	Single dose 1/PK	13.3 x 2.5 x 1.75	
AREXVY® 10 PK ≥ 60 +	Single dose 10/PK	7.5 x 9.0 x 4.2	

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)