



## Routine Vaccine Order Form FOR HEALTH CARE PROVIDERS

<b>PART 1</b>	<b>ORGANIZATION INFO</b>
ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	FAX NUMBER:

<b>PART 2</b>	<b>VACCINE ORDER (MAXIMUM ONE MONTH OF STOCK PER ORDER)</b>		
AGENTS (BRAND NAME)	DOSES PER BOX	CURRENT NUMBER OF DOSES IN STOCK	NUMBER OF DOSES REQUIRED
<b>BID</b> – (Tubersol/Mantoux)	10 doses/box		
<b>DTaP-IPV-Hib</b> – (Pediaceal or Pentacel)	5 doses/box		
<b>IPV</b> – (Polio)	1 dose/box		
<b>Men C</b> – (Menjugate or NeisVac-C)	10 doses/box		
<b>MMR</b> – (MMR II or Priorix)	10 doses/box		
<b>MMRV</b> – (Priorix-Tetra or ProQuad)	10 doses/box		
<b>Pneu-C-15</b> – (Vaxneuvance)	10 doses/box		
<b>Pneu-C-20</b> – (Prevnar 20)	10 doses/box		
<b>Rot-1</b> – (Rotarix)	10 doses/box		
<b>Td</b> – (Td Absorbed)	10 doses/box		
<b>Tdap</b> – (Adacel or Boostrix)	5 doses/box		
<b>Tdap-IPV</b> – (Adacel-Polio or Boostrix-Polio)	10 doses/box		
<b>Var</b> – (Varilrix or Varivax III)	10 doses/box		
<b>Zos</b> – (Shingrix)	1 dose/box		

<b>PART 3</b>	<b>OTHER ITEMS</b>
CONDOMS (100/box):                      box(es)                      Type:	
YELLOW CARDS: <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100	
TEMPERATURE LOGBOOK(S): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

<b>PART 4</b>	<b>ACCOUNTABILITY STATEMENT</b>	
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 <a href="#">MOHLTC Vaccine Storage and Handling Protocols and Guidelines</a> ; 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.		
NAME:	SIGNATURE:	DATE (yyyy-mm-dd):

Routine vaccine orders must be placed according to the Vaccine Order Schedule to allow for timely processing. Vaccine order forms must be completed in full and preferably emailed to [vaccineorders@rcdhu.com](mailto:vaccineorders@rcdhu.com) or faxed to 613-735-3067 (Attn: Vaccine Orders).