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

Routine Vaccine Order Form
FOR HEALTH CARE PROVIDERS

PART 1	**ORGANIZATION INFO**
ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	FAX NUMBER:

PART 2	**VACCINE ORDER** (MAXIMUM ONE MONTH OF STOCK PER ORDER)		
AGENTS (BRAND NAME)	**DOSES PER BOX**	**CURRENT NUMBER OF DOSES IN STOCK**	**NUMBER OF DOSES REQUIRED**
BID – (Tubersol/Mantoux)	10 doses/box		
DTaP-IPV-Hib – (Pediacel or Pentacel)	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-15 – (Vaxneuvance)	10 doses/box		
Pneu-C-20 – (Prevnar 20)	10 doses/box		
Rot-1 – (Rotarix)	10 doses/box		
Td – (Td Absorbed)	10 doses/box		
Tdap – (Adacel or Boostrix)	10 doses/box		
Tdap-IPV – (Adacel-Polio or Boostrix-Polio)	10 doses/box		
Var – (Varilrix or Varivax III)	10 doses/box		
Zos – (Shingrix)	1 dose/box		

PART 3	**OTHER ITEMS**
CONDOMS (100/box):	box(es) Type:
YELLOW CARDS: ☐ 25 ☐ 50 ☐ 100	
TEMPERATURE LOGBOOK(S): ☐ 1 ☐ 2 ☐ 3	

PART 4	**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 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 or faxed to 613-735-3067 (Attn: Vaccine Orders).