

# VACCINE ORDER FORM FAX TO: 519-823-4903

1-800-265-7293

Vaccine Order Inquiries Ext. 4003  
General Immunization Information Ext 4744

**Order Instructions** (please note *incomplete orders will not be filled*):

- Please attach refrigerator temperature logs from the **period of time since your last vaccine order**
- **Orders are to be placed by Noon on Thursday's**
- Order **only enough** to maintain only a **2 week supply** of vaccine in your fridge
- Include “# Doses in Stock” amount (this is your current inventory)
- Orders for pickup **must** be transported using an insulated container, cold packs & thermometer

<b>ORDER INFORMATION</b> - Please use the same Dr./Facility Name each time you place an order – include Suite's/Pods		
<b>Doctor/Facility Name:</b>	<b>Ordered By:</b>	<b>Date:</b>
<b>Address:</b>		
<b>Phone #:</b>	<b>Fax #:</b>	

<b>Delivery or Pick-up Preference (select one)</b> - vaccine will not be released if appropriate transport materials are not used	
<input type="checkbox"/> <b>Vaccine Delivery</b> (Registered Participants ONLY)	<b>PICK-UP-</b> Vaccine will available for pick up at each office <b>after 2pm on Tuesday</b> <input type="checkbox"/> Fergus office <input type="checkbox"/> Guelph office <input type="checkbox"/> Orangeville office

Vaccine	Supply (per box)	# Doses in Stock	# Boxes Requested
Adacel (Tdap)	5 doses		
Adacel-Polio (Tdap-IPV)	10 doses		
Imovax IPV (Inactivated Polio Vaccine)	1 dose		
Menjugate C (Meningococcal Conjugate C)	10 doses		
MMR II/Priorix (MMR)	10 doses		
Pediacel/Pentacel (DTaP-IPV-Hib)	5 doses		
Prevnar 20 (Pneumococcal 20-valent Conjugate)	10 doses		
Vaxneuvance (Pneumococcal 15-valent Conjugate)	10 doses		
Priorix Tetra/Pro-Quad (MMRV)	10 doses		
Rotateq/Rotarix (Rotavirus)	10 doses		
Td Absorbed (Tetanus, diphtheria)	5 doses		
Varivax III/Varilrix (Varicella)	10 doses		
Shingrix (Varicella Zoster)	1 dose		

**School based vaccines (Hep B, Menactra, HPV) please complete the School Based Vaccine Request Form**

<b>SPECIALTY ORDER</b> - Please refer to the high-risk criteria in the Publicly Funded Immunization Schedule for Ontario – June 2022			
Act-Hib (haemophilus influenzae B)	1 dose		
Hepatitis A (Havrix/Vaqta)	1dose-Pediatric		
	1 dose-Adult		
Hepatitis B (Recombivax/Engerix)	1 dose-Pediatric		
	1 dose-Adult		
Menactra (Men-C-ACYW)	1 dose		
Tubersol (Tuberculin)	10 doses		

<b>ADDITIONAL SUPPLIES</b>			
<input type="checkbox"/> Yellow Cards #_____	<input type="checkbox"/> Plastic Covers (if available)	<input type="checkbox"/> Temperature Log Book	<input type="checkbox"/> Vaccine Storage & Handling Booklet
<input type="checkbox"/> Glycol Thermometer (\$130.00 invoice will be issued)	<input type="checkbox"/> Do Not Unplug Sticker	<input type="checkbox"/> Other:_____	

