

Vaccine Order Form for Healthcare Providers

EASTERN ONTARIO HEALTH UNIT

1000 Pitt Street
Cornwall, Ontario K6J 5T1
Telephone: 613-933-1375 ext. 1283

EOHU Use Only – Order Number: _____

When completed, fax or email this form to:

Fax: 613-936-0700
Email: store@eohu.ca

- **Submit a copy of the LAST 4 WEEKS of temperatures with your order.**
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Refer to the current **Publicly Funded Immunization Schedules** for Ontario for eligibility criteria. Call for questions on recommended immunizations.
- **Complete ALL fields to avoid a delay in processing your vaccine order.**

Healthcare Provider/Clinic/Long Term Care Home Name

Order Date (Year/Month/Date)

Healthcare Provider Contact

Last Name

First Name

Title

Telephone Number

Fax Number

Email Address

Address

Unit Number

Street Number

Street Name

Post Office Box

STN/ RPO/ RR

City/Town

Province

Postal Code

DESCRIPTION	DOSES ON HAND	SUPPLIED AS DOSES PER PACKAGE	DOSES REQUIRED
VACCINES			
<i>Haemophilus influenzae</i> type b Vaccine (Hib) Act-HIB®/HIBERIX		5	
Meningococcal C Conjugate Vaccine (Men C-C) Menjugate Liquid/NeisVac-C®		10	
Measles, Mumps and Rubella Vaccine (MMR) MMR®II/PRIORIX		10	
Measles, Mumps, Rubella and Varicella Vaccine (MMRV) PRIORIX-TETRA / ProQuad®		10	
Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b Vaccine (DTaP-IPV-Hib) PEDIACEL®		5	
Pneumococcal 15-valent conjugate (Pneu-C-15) Vaxneuvance		10	
Pneumococcal 20-valent conjugate (Pneu-C-20) Prevnar 20		10	
Polio Vaccine (IPV) IMOVAX® Polio		1	
Rotavirus Vaccine (Rot-1) ROTARIX		10	
Tetanus and Diphtheria Vaccine (Td) Td ADSORBED		10	
Tetanus, Diphtheria and Pertussis Vaccine (Tdap) ADACEL®/BOOSTRIX		5	
Tetanus, Diphtheria, Pertussis and Polio Vaccine (Tdap-IPV) ADACEL®-POLIO/BOOSTRIX-POLIO		10	

DESCRIPTION	DOSES ON HAND	SUPPLIED AS DOSES PER PACKAGE	DOSES REQUIRED
Varicella Vaccine (Var) Varivax [®] III/VARILRIX		10	

VACCINES – DESIGNATED POPULATIONS

Shingles Herpes Zoster (HZ) SHINGRIX (Adults 65-70 yrs of age only)		1	
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution TUBERSOL [®]		10	

HIGH RISK - WITH INDIVIDUALIZED PRESCRIPTION, INCLUDING ELIGIBILITY CRITERIA

Hepatitis A Vaccine, Inactivated Pediatric, 0.5 ml (HA) HAVRIX/VAQTA [®] /AVAXIM [®]		1	
Hepatitis A Vaccine, Inactivated Adult, 1.0 ml (HA) HAVRIX/VAQTA [®] /AVAXIM [®]		1	
Hepatitis B (Paediatric) Vaccine, 0.5 ml Vial 1 / Box (HB) Engerix-B [®] /RECOMBIVAX HB		1	
Hepatitis B (Adult) Vaccine, 1.0 ml Vial 1 / Box (HB) Engerix-B [®] /RECOMBIVAX HB		1	
Human Papilloma Virus (HPV-9) GARDASIL [®] 9 (≤ 26 yrs Men who have sex with men)		1	
Meningococcal Conjugate Vaccine (Men-C-ACYW135) Menactra [®] /NIMENRIX [®] /MENVEO (Individuals ≥9 months with risk factors)		1	

RESPIRATORY SYNCYTIAL VIRUS (RSV) (SEASONAL VACCINE)

Eligible adults aged 60 years and older who meet the high risk criteria Arexvy		1 or 10	
Eligible adults aged 60 years and older who meet the high risk criteria and/or pregnant individuals (32 to 36 weeks gestation) Abrysvo		1 or 10	
RSV MONOCLONAL ANTIBODY (50mg) Beyfortus Eligible infants (<5kg)		1 or 5	
RSV MONOCLONAL ANTIBODY (100mg) Beyfortus Eligible infants (≥ 5kg)		1 or 5	

VACCINE RELATED PRODUCTS

Immunization Cards – Available in English		1	
Immunization Cards – Available in French		1	
Vaccine Temperature Log Book – English		1	
Vaccine Temperature Log Book – French		1	

By submitting this order and signing below, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily.
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to the EOHU and recommendations regarding usage of the effected vaccines have been implemented by the practice.
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.

NOTE: If you are unable to verify any of the above, call EOHU Materials Management at 613-933-1375 ext. 1283.

To expedite vaccine pick-up, please ensure that you arrive at the Health Unit with your cooler prepped. Cooler must have a min/max digital thermometer and temperatures must be maintained between +2°C to +8°C. In addition, you must have icepacks/ice blankets as well as bubble wrap. Vaccines will not be released until all cold chain requirements are adhered to. Should you require additional materials, please contact the Health Unit.

Customer - Authorized Official (Please print)

_____ Last Name	_____ First Name	_____ Title
_____ Signature	_____ Date (Year/Month/Date)	

If you require this information in an alternate format, please call 1-800-267-7120 and press 0.