

Leeds Grenville & Lanark District Health Unit 458 Laurie Blvd Brockville ON K6V 7A3 Tel: 613-345-5685 x2422 / Fax: 613-345-7038	PHU Use Only – Order No.:
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When completed, fax or email this form to:
LEEDS GRENVILLE & LANARK DISTRICT HEALTH UNIT, AS WELL AS YOUR CURRENT MONTHS TEMPERATURE LOG

Fax: 613-345-7038
 Email: vaccine.orders@healthunit.org

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 Code and Name	Requisition Date (yyyy/mm/dd)
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Healthcare Provider Contact		
Last Name	First Name	Title
Telephone No.	Fax No.	Email Address

Ship to Address				
Unit No.	Street No.	Street Name	PO Box	STN/ RPO/ RR
City/Town			Province	Postal Code

Shipping Instructions

Health Unit Office:
 Brockville:
 Ganonoque
 Kemptonville
 Smiths Falls
 Almonte

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
<input type="checkbox"/> Vaccines and Related Products				
Pediaceal (DTap-IPV-Hib Vaccine)		5	6571-3346-0	
IPV-Imovax (Polio Vaccine)		1	6571-3220-2	
Menjugate (MenC-C Vaccine)		10	6571-3344-3	
MMR Vaccine (MMRII / Priorix)		10	6571-3230-0	
MMR-V Vaccine (Pro-Quad / Prioix-Tetra)		10	6571-3604-0	
Pneum13 Vaccine (Pneu-C-13)		10	6571-2202-5	
Pneumo23 Vaccine (Pneu-P-23)		10	6571-4010-2	
Rotavirus Vaccine		1	6571-4232-0	
Td Adsorbed Vaccine		5	6571-3240-0	
Td-IPV Adsorbed Vaccine		5	6571-3249-0	
Tdap Vaccine (Adacel / Boostrix)		5	6571-2203-0	
Tdap-IPV Vaccine (Adacel-IPV / Boostrix-Polio)		10	6571-2013-1	
Varicella Vaccine (Varilrix / Varivax)		10	6571-3305-0	
Zostavax II Shingles (eligibility 65-70 yrs)		1	6571-2016-0	
<input type="checkbox"/> High Risk				
Tubersol (TB Testing)(must meet eligibility criteria)		10	6506-3311-0	
Act_HIB (Hib) Vaccine		5	6571-3255-0	
Hepatitis A Vaccine, Pediatric Eligible (“Special Order” Form Required)		1	6571-3256-0	
Hepatitis A Vaccine, Adult Eligible (“Special Order” Form Required)		1	6571-3257-0	
Hepatitis B (Paediatric) Vaccine Eligible (“Special Order” Form Required)		1	6571-3251-0	
Hepatitis B (Adult) Vaccine Eligible (“Special Order” Form Required)		1	6571-3243-0	
Hepatitis B Vaccine (Recombinant) Dialysis Eligible (“Special Order” Form Required)		1	6571-3324-1	

Miscellaneous

Do Not Unplug sticker – English	1	7540-1954-0	
How to Monitor Refrigerator Temperature sticker – English	1	7540-1938-0	
Immunization Cards	25		
Protect Your Vaccines – Protect Your Patients poster - English	1	7540-1922-0	
Stop sticker – English	1	7540-1955-0	
Vaccine Refrigerator Maintenance Log Book – English	1	7610-1906-0E	
Vaccine Temperature Log Book – English	1	7610-1908-0	
Notice of Immunization Given by Physician	1	Books	

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
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to 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, email vaccineorders@healthunit.org or call **613-345-5685 X2422***

Customer - Authorized official (please print)

Last Name	First Name	Title
Signature	Date (yyyy/mm/dd)	