

Publicly Funded Vaccines Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Maintain no more than one month supply of any vaccine. Do not overstock your refrigerator.
3. Entire current refrigerator inventory amount must be entered. Please enter “0” if there is no vaccine.
4. Orders must include the most current five business days of refrigerator temperature logs.
5. Email both pages to VaccineInventory@york.ca to avoid delays in processing, or fax to 905-830-0578.
6. You will receive a notification by telephone call or e-mail when your order is ready for pick-up.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION *Holding Point Code: YOR_NW

| | | | |
|------------------------------------|---|-------------------------|--------|
| *Healthcare provider/Practice name | | | |
| *Order date (mm/dd/yyyy) | | *Number of immunizer(s) | |
| *Type of practice: | General practice | Pediatrician | Other: |
| *Number of refrigerator(s) | *Type(s) of refrigerator: Bar Domestic Purpose-built | | |
| *Contact person | | *Phone number | |
| *Fax | *Email | | |
| Unit number | *Street number | *Street address | |
| *City/Town | *Postal code | | |

SECTION 3 – PICK-UP LOCATIONS

***Select pick-up location. Our office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday at all locations.**

| | | |
|---------------------------------|------------------------------------|-----------------------------------|
| Newmarket 17150 Yonge Street | Richmond Hill 50 High Tech Road | Georgina 24262 Woodbine Avenue |
| Vaughan 9060 Jane Street | Markham 4261 Highway 7 East | |

SECTION 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. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to York Region Public Health upon request. 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.

| | | |
|-------------|------------|------------------|
| *Print Name | *Signature | *Date (mm/dd/yy) |
|-------------|------------|------------------|

Complete and submit pages 1 and 2

SECTION 5 – VACCINE INVENTORY AND REQUEST

| Trade Name(s) (Subject to availability) | Vaccine/ Product | Disease(s) | Entire Current Vaccine Inventory Number in Doses | Number of Doses Requested |
|--|---------------------|--|--|---------------------------------|
| Pentacel® | DTaP-IPV-Hib | Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b | | |
| Imovax® Polio | IPV | Polio (Limit 2 doses) | | |
| Menjugate® Liquid Neisvac-C® | Men-C-C | Meningococcal Conjugate C | | |
| Priorix® MMR®II | MMR | Measles, Mumps, Rubella | | |
| Priorix-Tetra® ProQuad® | MMR-Var | Measles, Mumps, Rubella, Varicella | | |
| Vaxneuvance® | Pneu-C-15 | Pneumococcal Conjugate 15 | | |
| Prevnar20™ | Pneu-C-20 | Pneumococcal Conjugate 20 | | |
| Tubersol® | TB PPD | Tuberculosis (Limit 20 doses) | | |
| Rotarix® | Rota-1 | Rotavirus | | |
| Beyfortus™ 50mg | RSV Ab | Respiratory Syncytial Virus (Subject to seasonal availability) | | |
| Beyfortus™ 100mg | RSV Ab | Respiratory Syncytial Virus (Subject to seasonal availability) | | |
| Td ADSORBED® | Td | Tetanus, Diphtheria | | |
| Adacel® Boostrix® | Tdap | Tetanus, Diphtheria, Acellular pertussis | | |
| Adacel®-Polio Boostrix®-Polio | Tdap-IPV | Tetanus, Diphtheria, Acellular pertussis, Polio | | |
| Varivax®III Varilrix® | Var | Varicella | | |
| Shingrix® | Zos | Herpes Zoster | | |

Please refer to the [Ontario Publicly Funded Immunization Schedules](#) for further details regarding eligibility and recommended dosing intervals.

(OPTIONAL) NOTES ON VACCINE ORDER

FOR OFFICE USE ONLY

Printed by/date: Picked by/date:

Entered by/date: Packed by/date:

Sorted by/date: Audited by/date: