

FOR OFFICE USE ONLY	
Holding Point Code: YOR_NW	
Requisition number:	

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

*Type of practice: General practice Pediatrician Other:

*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 Richmond Hill Georgina

17150 Yonge Street 50 High Tech Road 24262 Woodbine Avenue

Vaughan Markham

9060 Jane Street 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.

Complete and submit pages 1 and 2



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SECTION 5 – VACCINE INVENTORY AND REQUEST Entire Current Number of Trade Name(s) Vaccine/ Disease(s) Vaccine Inventory **Doses** (Subject to availability) **Product** Requested **Number in Doses** Diphtheria, Tetanus, Pertussis, Polio, DTaP-IPV-Hib Pentacel® Haemophilus influenzae type b Polio **IPV** Imovax® Polio (Limit 2 doses) Menjugate® Liquid Men-C-C Meningococcal Conjugate C Neisvac-C® Priorix® **MMR** Measles, Mumps, Rubella MMR®II Priorix-Tetra® MMR-Var Measles, Mumps, Rubella, Varicella **ProQuad®** Vaxneuvance® Pneu-C-15 Pneumococcal Conjugate 15 Prevnar20™ Pneu-C-20 Pneumococcal Conjugate 20 **Tuberculosis** TB PPD Tubersol® (Limit 20 doses) Rotarix® Rota-1 Rotavirus Td Td ADSORBED® Tetanus, Diphtheria Adacel® Tdap Tetanus, Diphtheria, Acellular pertussis Boostrix® Adacel®-Polio Tetanus, Diphtheria, Acellular pertussis, Tdap-IPV Boostrix®-Polio Polio Varivax®III Var Varicella Varilrix® 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: