

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

York Region High-Risk Respiratory Syncytial Virus (RSV) Vaccine Order Form

SECTION 1 — INSTRUCTIONS FOR HEALTHCARE PROVIDER

- 1. Complete all mandatory fields (*) missing information will result in delays to your order.
- 2. Recipient of high-risk publicly funded vaccine must meet one of the high-risk eligibility criteria.
- 3. Only one month of high-risk doses will be released at a time to prevent vaccine wastage.
- 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 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 Hospital 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 5A - RISK CRITERIA CODE FOR AREXVY® / ABRYSVO™

60 years of age and older and one of the following:

- Resident of a long-term care home, Elder Care Lodge, or retirement home
- 2. Patient in hospital receiving alternate level of care (ALC) including similar settings (e.g., complex continuing care, hospital transitional programs)
- 3. Patient receiving hemodialysis or peritoneal dialysis
- 4. Recipient of solid organ or hematopoietic stem cell (HSC) transplant
- 5. Individual experiencing homelessness
- 6. Individual who identifies as First Nations, Inuit or Metis

SECTION 5B -	RISK CR	TERIA CODE	FOR ABRYSVO'"
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7. Pregnant individual from 32 through 36 weeks gestational age

SECTION 6 - VACCINE REQUEST(S)							
Recipient Initials	Date of (mm/dd.		Risk Criteria Code (Refer to Section 5A/5B)				
FOR OFFICE USE ONLY							
Printed by/date:	Entered by/date:		Sorted by/date:				
Picked by/date:	Packed by/date:		Audited by/date:				