

# UIIP 2025-2026 Influenza Vaccine Order Form

## SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (\*) – missing information will result in delays to your order.
2. Do not over stock your refrigerator with vaccines. Ordering excess vaccine can increase the risk of wastage.
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](mailto: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.

**Reorders for influenza vaccines can be placed starting October 27, 2025. Reorders submitted prior to October 27, 2025 will not be accepted or processed.**

## 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 4:30p.m., Monday to Friday at all locations.**

|                 |               |                   |                        |                        |
|-----------------|---------------|-------------------|------------------------|------------------------|
| Newmarket       | Vaughan       | Richmond Hill     | Markham                | Georgina               |
| 17150 Yonge St. | 9060 Jane St. | 50 High Tech Rd.. | 4261<br>Highway 7 East | 24262<br>Woodbine Ave. |

## 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 MOH 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/yyyy)

**Complete and submit pages 1 and 2**

## SECTION 5 – INFLUENZA VACCINE INVENTORY AND REQUEST

| Trade Name(s)<br>(Subject to<br>Availability) | Vaccine        | UIIP<br>Eligibility<br>Age Group | Format                                 | Entire Current<br>Vaccine Inventory<br>Number in Doses | Number<br>of Doses<br>Requested |
|-----------------------------------------------|----------------|----------------------------------|----------------------------------------|--------------------------------------------------------|---------------------------------|
| Fluviral®<br>Fluzone®<br>Flucelvax®           | TIV            | 6 months &<br>older              | Pre-filled Syringe/<br>Multi-dose Vial |                                                        |                                 |
| Fluad®                                        | TIV-adjuvanted | 65 years &<br>older              | Pre-filled Syringe                     |                                                        |                                 |
| Fluzone® High-Dose                            | TIV-HD         | 65 years &<br>older              | Pre-filled Syringe                     |                                                        |                                 |

## (OPTIONAL) NOTES ON VACCINE ORDER

## FOR OFFICE USE ONLY

|                  |                      |                  |                      |
|------------------|----------------------|------------------|----------------------|
| Printed by/date: | <input type="text"/> | Picked by/date:  | <input type="text"/> |
| Entered by/date: | <input type="text"/> | Packed by/date:  | <input type="text"/> |
| Sorted by/date:  | <input type="text"/> | Audited by/date: | <input type="text"/> |