

SECTION 1 – INSTRUCTIONS

This form is intended for healthcare providers with an existing account to order publicly funded vaccines from York Region Public Health (YRPH) to inform of changes to the account.

1. Complete all fields.
2. Email the completed form to VaccineInventory@York.ca or fax to 905-830-0578 and a member of the Vaccine Inventory Program will contact you with next steps.

The information on this form is collected, used and disclosed under the authority of the Health Protection and Promotion Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

SECTION 2 – ACCOUNT INFORMATION

Holding Point Code: YOR_NW_

Legal Business Name:

Facility Operating Name *(The name used in the day-to-day operations of the healthcare facility):*

Unit Number:

Street Number:

Street Name:

City/Town:

Postal Code:

SECTION 3 – CHANGE TO ACCOUNT (SELECT ONE)

Change to facility's ownership

Complete a New Healthcare Provider Application Form.

Change to facility's operating name

New Operating Name:

Replacement of a vaccine refrigerator

Refrigerator Type: Purpose Built Domestic Bar

Acquisition of an additional vaccine refrigerator

Refrigerator Type: Purpose Built Domestic Bar

Relocation of a vaccine refrigerator within the facility

Facility move

Date of move to new address:

New address: Unit Number:

Street Number:

Street Name:

City/Town:

Postal Code:

Permanent facility closure

Date of closure:

SECTION 4 – ACCOUNTABILITY STATEMENT

I verify on behalf of the practice that all information provided is accurate. I understand that changes to the facility address, acquisition, replacement, or relocation of a vaccine refrigerator must be reported immediately to York Region Public Health and will require a cold chain inspection by a member of the Vaccine Inventory program prior to continued storage of publicly funded vaccines. The owner/operator of the facility will comply with all required steps ensuing from the changes to ensure that publicly funded vaccines in the facility's custody are safely stored and handled during the transition. Furthermore, for facility closures, all due diligence will be taken to mitigate and minimize the wastage of publicly funded vaccines by maintaining no more than what is required to provide patient care until the date of the facility's closure.

Main Facility Contact Name: *(The main contact and lead person responsible for monitoring vaccine storage and handling practices at the facility):*

Main Facility Contact Signature:

Date:

Email:

Phone Number:

Ext:

Owner Name:

Owner Signature:

Date:

FOR OFFICE USE

CCI per FSA:

Panorama Update Completed Date:

VOICES Update Completed Date:

Cold Chain Inspection required? ☐ Yes ☐ No

Non-Reusable Vaccine Return required? ☐ Yes ☐ No

Comments: