

Healthcare Provider Vaccine Requisition Form

NEW 2018: <u>Doses on hand column must be completed</u> for all vaccines in your agency prior to vaccine being ordered/released from THU. A <u>minimum of two weeks min/max fridge temperatures must be</u> provided at time of order.

REMINDER: to bring hard sided vaccine cooler with min/max thermometer and ensure cooler temperature is between 2 and 8 degrees when picking up vaccine.

Timiskaming Health Unit

P.O. Box 1090

247 Whitewood Avenue, Unit 43, New Liskeard, ON P0J 1P0

Tel: 705 647-4305 / Fax: 705 647-5779

When completed, fax or email this form to your Replenishment Source:

 NEW LISKEARD
 ENGLEHART
 KIRKLAND LAKE

 Fax: 705 647-5779
 Fax: 705 544-8698
 Fax: 705 567-5476

Email: robink@timiskaminghu.com Email: robink@timiskaminghu.com Email: robink@timiskaminghu.com

- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Refer to the current **Publicly Funded Immunization Schedules** for Ontario for eligibility criteria. Call for questions on recommended immunizations.
- Timiskaming Health Unit has the authority to review all vaccine orders and adjust accordingly if requested amounts appear to exceed a one-month supply.

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Healthcare Provider Name				Requisition Date (yyyy/mm/dd)				
Healthcare Prov	ider Contact							
Last Name			First Name		Title			
Telephone No. Fax No.				Email Address				
Facility Address								
Unit No. Street No. Street Name				PO Box		STN/ RPO/ RR		
City/Town					Provin	се	Postal Code	
-								
		D		Do	ses	Doses per	Catalogue	Doses

Description	Doses	Doses per	Catalogue	Doses		
Description	on Hand	package	no.	Required		
☐ Healthy Environment						
Rabies Immune Globulin (Human) Vaccine, 99 ml/kg Vial 1 / Box (Hospital Use Only)		1	6571-3225-0			
Rabies Vaccine. 1 ml Vial 1 / Box (Hospital Use Only)		1	6571-3231-0			
□ Vaccines and Related Products						
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution (TB)		10	6506-3311-0			
Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type b Vaccine (Pediacel)		5	6571-3346-0			
Haemophilus influenzae type b Vaccine (Hib)		5	6571-3255-0			
Polio Vaccine		1	6571-3220-2			
Meningococcal C Conjugate Vaccine (Men-C, Menjugate)		10	6571-3344-3			
Measles, Mumps and Rubella Vaccine (MMR/Priorix)		10	6571-3230-0			
Measles, Mumps, Rubella, and Varicella Vaccine (MMRV/ProQuad/Priorix Tetra)		10	6571-3604-0			
Pneumococcal Conjugate Vaccine – 13 valent (Prevnar13)		10	6571-2202-5			
Pneumococcal Polysaccharide Vaccine (Pneuma23)		10	6571-4010-2			
Rotavirus Vaccine (Rotarix)		10	6571-4233-0			
Tetanus and Diphtheria Vaccine (Td)		5	6571-3240-0			
Tetanus, Diphtheria and Polio Vaccine (Td-IPV)		5	6571-3249-0			
Tetanus, Diphtheria and Pertussis Vaccine (Adacel or Boostrix)		5	6571-2203-0			
Tetanus, Diphtheria, Pertussis and Polio Vaccine (Adacel-IPV or Boostrix-Polio)		10	6571-2013-1			



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Varicella Vaccine (Varicella)			6571-3305-0
Zostavax (Shingles)			6571-20161
Do Not Unplug sticker – English		1	7540-1954-0
Do Not Unplug sticker – French	1	7540-1954-0F	
How to Monitor Refrigerator Temperature sticker – English	1	7540-1938-0	
How to Monitor Refrigerator Temperature sticker – French	1	7540-1938-0F	
Immunization Cards – Bilingual	1	7530-4708-0	
Immunization Cards – Plastic Sleeves	1	7540-1911-0	
Protect Your Vaccines – Protect Your Patients poster - English	1	7540-1922-0	
Protect Your Vaccines – Protect Your Patients poster - French	1	7540-1922-0F	
Stop sticker – English		1	7540-1955-0
Stop sticker – French	1	7540-1955-0F	
Storage pocket	1	7540-1966-0	
Vaccine Storage and Handling Guidelines – English	1	7540-1960-0E	
Vaccine Storage and Handling Guidelines – French	1	7540-1960-0F	
Vaccine Storage and Handling Package – English	1	7540-2012-0	
Vaccine Storage and Handling Package – French	1	7540-2012-0F	
Vaccine Refrigerator Maintenance Log Book – English	1	7610-1906-0E	
Vaccine Refrigerator Maintenance Log Book – French	1	7610-1906-0F	
Vaccine Temperature Log Book – English	1	7610-1908-0	
Vaccine Temperature Log Book – French		1	7610-1908-0F

By submitting this order and signing below, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to and recommendations regarding usage of the effected vaccines have been implemented by the practice
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices

Note: If You are unable to verify any of the above, call Darlene Cochrane at 705-647-4305 or email at cochraned@timiskaminghu.com.

Customer - Authorized official (please print)						
Last Name	First Name	Title				
Signature	Date (yyyy/mm/dd)					