

# OTTAWA PUBLIC HEALTH VACCINE ORDER FORM

Tel: 613-580-6744

Completed orders may now be sent by e-mail or fax.

**E-mail:** [vaccine@ottawa.ca](mailto:vaccine@ottawa.ca)

**Fax:** 613-580-2783

**DATE:** \_\_\_\_\_

**ATTENTION:**

All information below must be completed clearly. **Please indicate doses on hand when placing a Vaccine Order.** Please submit your months Temperature log when placing a Vaccine Order. Please allow 7 working days to process your order.

**NAME (Doctor/Clinic):** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **NAME OF COURIER:** \_\_\_\_\_ **SELF PICK UP**

For age and high-risk criteria, please refer to the *Publicly Funded Immunization Schedules for Ontario – December 2016*

Code Name (Trade Name)	Components	Supply (in doses)	Doses on Hand	Doses Ordered	Lot # (for office use only)
<b>BID (Mantoux)</b> (TUBERSOL®)	Tuberculin Purified Protein Derivative (5 TU)	1 x 1 ml (10 DOSES)			
<b>DTaP-IPV-Hib</b> (PEDIACEL®)	Acellular pertussis vaccine, diphtheria & tetanus toxoids adsorbed combined with inactivated poliomyelitis vaccines & <i>Haemophilus influenzae b</i> conjugate vaccine (pentavalent)	5 x 0.5mL			
<b>Tdap-IPV</b> (4-6 year booster)	(Adacel® Polio)*	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed Combined with Inactivated Poliomyelitis Vaccine	10 x 0.5mL		
	(BOOSTRIX® - POLIO)*				
<b>IPV (Polio, Salk)</b> (IMOVAX® Polio)	Inactivated poliomyelitis vaccine	1 x 0.5 ml			
<b>Men-C</b> (MENJUGATE®)	Meningococcal Group C conjugate vaccine	10 x 0.5 ml			
<b>MMR</b> (PRIORIX®)* or (M-M-R® II)*	Measles, mumps and rubella vaccine, live, attenuated	10 x 0.5 ml			
<b>MMRV</b> (PRIORIX-TETRA®) or (PRO-QUAD®)	Measles, mumps, rubella and varicella vaccine, live, attenuated	10 x 0.5 ml			
<b>Pneu-C-13</b> (PREVNAR®-13)	Pneumococcal 13- valent Conjugate vaccine	10 x 0.5 ml			
<b>Pneu-P-23</b> (PNEUMOVAX® 23)	Pneumococcal Polysaccharide vaccine	10 x 0.5 ml			
<b>Rotavirus</b> (ROTARIX™)	Rotavirus, live, attenuated vaccine <b>ORAL – NOT TO BE INJECTED</b>	10 x 1.5 ml			
<b>Td</b> (Td Adsorbed)	Tetanus & diphtheria toxoids adsorbed	5 x 0.5 ml			
<b>Td-IPV</b> (Td Polio Adsorbed)	Tetanus & diphtheria toxoids and inactivated poliomyelitis vaccine adsorbed	5 x 0.5 ml			
<b>Tdap</b>	(ADACEL®)* or	Tetanus & diphtheria toxoids combined with acellular pertussis vaccine	5 x 0.5 ml		
	(BOOSTRIX®)*				
<b>Varicella</b>	(VARILRIX®)* or	Varicella virus, live, attenuated vaccine	10 x 0.5 ml		
	(VARIVAX® III)*				
<b>Varicella Zoster (Shingles)</b> (ZOSTAVAX®) (65-70 years of age)	Varicella-zoster virus, live, attenuated vaccine	1 x 0.65 ml			
<b>Description</b>		<b>Amount Ordered</b>			
IMMUNIZATION CARDS (25, 50 or 100)					
NOTICE OF IMMUNIZATION GIVEN (Pads of 50)					

**Note: The following vaccines must be pre-authorized.**

Please refer to the *Publicly Funded Immunization Schedules for Ontario – December 2016*.

Code Name (Trade Name)	Components	Supply (in doses)	Doses on Hand	Doses Ordered	Lot # (for office use only)
<b>Haemophilus influenzae b (HIB)</b> (ACT-HIB®) or (HIBERIX®)	<i>Haemophilus influenzae b</i> conjugate vaccine	1 x 0.5 ml			
<b>Hepatitis B</b> (RECOMBIVAX HB®)	Hepatitis B recombinant vaccine <b>*FOR HOSPITAL USE ONLY</b>	40 µg			

\* Subject to availability IR10 Order Final September 2017\_BL.docx