Ottawa | Public Health
Santé publique

Request Form for High Risk Haemophilus b Conjugate Vaccine

Vaccine being requested:

Description	Supply (in doses)	Dose Requested
Act-HIB	1 x 0.5 ml	

Clients must be age ≥ 5 years of age AND meet one of the following criteria:

- ☐ Hematopoietic stem cell transplant (HSCT) recipient
- ☐ Functional or anatomic asplenia
- ☐ Immunocompromised related to disease or therapy
- ☐ Bone marrow or solid organ transplant recipient
- ☐ Lung transplant recipient
- ☐ Cochlear implant recipient (pre/post implant)
- ☐ Primary antibody deficiency

Client File Number: ______________________________

Date of Birth (yyyy/mm/dd): ____________________ Male: ☐ Female: ☐

Dose being requested: Dose 1: ☐ Dose 2: ☐ Dose 3: ☐

Date previous doses given (yyyy/mm/dd): Dose 1______________ Dose 2 ______________

*Date of scheduled appointment (order will not be filled if the appointment date is not provided) (yyyy/mm/dd): ________________

Name of HCP: __________________________ Date of Request (yyyy/mm/dd): __________

HCP address: ____

Please return by Fax (613-580-2783) or email (vaccine@ottawa.ca)

For Vaccine Room Use ONLY

Date order filled: ______________________________________

Vaccine: ________________________ Lot Number: ______________________

Filled by: ______________________________________

Revised September 2016