

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

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)
BID (Mantoux) (TUBERSOL®)	Tuberculin Purified Protein Derivative (5 TU)	1 x 1 ml (10 DOSES)			
DTaP-IPV-Hib (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			
Tdap-IPV (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)*				
IPV (Polio, Salk) (IMOVAX® Polio)	Inactivated poliomyelitis vaccine	1 x 0.5 ml			
Men-C (MENJUGATE®)	Meningococcal Group C conjugate vaccine	10 x 0.5 ml			
MMR (PRIORIX®)* or (M-M-R® II)*	Measles, mumps and rubella vaccine, live, attenuated	10 x 0.5 ml			
MMRV (PRIORIX-TETRA®) or (PRO-QUAD®)	Measles, mumps, rubella and varicella vaccine, live, attenuated	10 x 0.5 ml			
Pneu-C-13 (PREVNAR®-13)	Pneumococcal 13- valent Conjugate vaccine	10 x 0.5 ml			
Pneu-P-23 (PNEUMOVAX® 23)	Pneumococcal Polysaccharide vaccine	10 x 0.5 ml			
Rotavirus (ROTARIX™)	Rotavirus, live, attenuated vaccine ORAL – NOT TO BE INJECTED	10 x 1.5 ml			
Td (Td Adsorbed)	Tetanus & diphtheria toxoids adsorbed	5 x 0.5 ml			
Tdap	(ADACEL®)* or	Tetanus & diphtheria toxoids combined with acellular pertussis vaccine	5 x 0.5 ml		
	(BOOSTRIX®)*				
Varicella	(VARILRIX®)* or	Varicella virus, live, attenuated vaccine	10 x 0.5 ml		
	(VARIVAX® III)*				
Varicella Zoster (Shingles) (ZOSTAVAX®) (65-70 years of age)	Varicella-zoster virus, live, attenuated vaccine	1 x 0.65 ml			
Description		Amount Ordered			
IMMUNIZATION CARDS (25, 50 or 100)					

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)
Haemophilus influenzae b (HIB) (ACT-HIB®) or (HIBERIX®)	<i>Haemophilus influenzae b</i> conjugate vaccine	1 x 0.5 ml			
Hepatitis B (RECOMBIVAX HB®)	Hepatitis B recombinant vaccine *FOR HOSPITAL USE ONLY	40 µg			

* Subject to availability IR10 Order Final September 2019_BL.docx