

<b>Peterborough Public Health</b> <b>185 King St. Peterborough, Ontario, K9J 2R8</b>	<b>PHU Use Only – Order #:</b>
<ul style="list-style-type: none"> <li>Fax completed form to (705)743-2897</li> <li>Attach a copy of the vaccine refrigeration temperature logs since your last order</li> <li>Allow a MINIMUM of 5 business days from the requisition date to prepare the order and indicate pick-up time</li> <li>Maintain no more than a one-month supply in your vaccine fridge at any time</li> <li>Refer to the current <i>Publicly Funded Immunization Schedules</i> for Ontario for eligibility criteria.</li> <li>Complete ALL fields to avoid a delay in processing your vaccine order</li> </ul>	

<b>Facility Name and Panorama Premise Number (to be provided by Public Health Unit)</b>			<b>Requisition Date (yyyy/mm/dd)</b>		
<b>Healthcare Provider Contact</b>					
Last Name		First Name		Title	
Telephone No.		Fax No.		Email Address	
<b>Address</b>					
Unit No.	Street No.	Street Name		PO Box	STN/ RPO/ RR
City/Town				Province	Postal Code

**Requested Pick Up Date and Time**

Date (YYYY/MM/DD): \_\_\_\_\_ | 8:45 am to 9 :45 am | 12:00 pm to 1:00 pm | 3:00 pm to 4:00 pm

Description	Vaccine Formulation	Eligibility	Doses on Hand	Catalogue no.	Doses Required	Lot Number
<input type="checkbox"/> <b>Influenza</b>						
Fluviral® Multi-dose vial	TIV	6 months and older		6571-3323-0		
Influvac®, Single dose syringe	TIV	18 years and older		6571-3349-1		
Fluzone® pre-filled syringe	QIV	6 months to 17 years		6571-4420-0		
FluLavaTetra® or Fluzone®- Multi-dose vial	QIV	6 months to 17 years		6571-4400-0		
Flumist Quadrivalent	QIV	2 years to 17 years		6571-4410-0		
FluAD	Not available for the 2017/2018 season					

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
- Contingency plan is in place if a power outage/cold chain incident occur (includes: extra vaccine coolers, temp monitoring devices, etc.)

Note: if you are unable to verify any of the above, call Christine Lowe at 705-743-1000 ext.260.

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

**For Office Use Only:** Temp Log received:  Y  N Temps in range:  Y  N Initial: \_\_\_\_\_ Viewed by nurse:  Y  N

Order filled: 20 \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Panorama entry: 20 \_\_\_\_/\_\_\_\_/\_\_\_\_

Panorama Req #: \_\_\_\_\_ Updated August 29, 2017