

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

Facility Name and Panorama Premise Number (to be provided by Public Health Unit)			Requisition Date (yyyy/mm/dd)	
Healthcare Provider Contact Last Name			First Name	
Telephone No.			Title	
Fax No.			Email Address	
Address				
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"/> Influenza						
Agriflu® or Fluviral® Multi-dose vial	TIV	6 months and older		6571-3323-0		
Influvac®, Single dose syringe	TIV	18 years and older		6571-3349-1		
Fluad®, Single dose syringe	TIV (Adjuvanted)	65 years and older Long Term Care Only		6571-3352-0		
FluLaval Tetra® 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		

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 Christine Lowe at 705-743-1000 ext.260.

Customer - Authorized official (please print) 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 #: _____

September 14, 2016