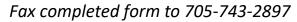
## Order Form for Publicly-Funded Meningococcal Vaccine for High Risk Individual





Use one form per patient.					
Order Date (yyyy/mm/dd):	Panorama Premise #:				
Pick Up Date (yyyy/mm/dd):  ALLOW A MINIMUM of 5 business days to prepare order  Vaccine pick up days are TUESDAY'S and THURSDAY'S	Pick Up Time: 8:45 to 9:45 12:00 to 1:00 3:00 to 4:00				
Facility Name:	Health Care Providers:			Suite #	
Contact Name:	Telephone Number:				
Are temperature logs from the period since your last vaccine order attached?Yes No → Vaccine will not be released					
Information on the client must be collected for clients receiving vaccine that has eligibility requirements.					
Patient's Birthdate (YYYY/MM/DD):  Patient's Gender: male female other					
			_		
To confirm eligibility for high-risk group vaccine, please check appropriate risk factor:			Eligible Age Group Dose		
4C Men B					
☐ Individuals with functional or anatomic asplenia ☐ Individuals with complement, properdin, factor D or primary antibody deficiencies ☐ Cochlear implant recipients (pre/post implant) ☐ Individuals with acquired complement deficiencies (e.g., receiving eculizumab) ☐ Individuals with HIV			2 months to 17 years		2 to 4
Meningococcal Conjugate-ACYW					
☐ Individuals with functional or anatomic asplenia ☐ Individuals with complement, properdin, factor D or primary antibody deficiencies ☐ Cochlear implant recipients (pre/post implant) ☐ Individuals with acquired complement deficiencies (e.g., receiving eculizumab) ☐ Individuals with HIV			9 months to 55 years		2 to 4 + boosters
Meningococcal Conjugate-ACYW					
☐ Individuals with functional or anatomic asplenia ☐ Individuals with complement, properdin, factor D or primary antibody deficiencies ☐ Cochlear implant recipients (pre/post implant) ☐ Individuals with acquired complement deficiencies (e.g., receiving eculizumab) ☐ Individuals with HIV			<u>&gt;</u> 56 years		1
Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups: http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx					
	,	<u> </u>			
Vaccine		Doses / box	# of boxes	# of boxes Office use / Lot # -expiry	
Meningococcal 4 C Men B		1			
Meningococcal Conjugate-ACYW		1			
For Office Use only: Temp Log received:					
Order mied. 20					
Panorama Req #:					