

# Order Form for Publicly-Funded Vaccine or Tuberculin Skin Test Solution



Fax completed form to 705-743-2897

Order Date (YYYY/MM/DD):						
Pick Up Date (YYYY/MM/DD):			Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00			
<b>ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAYS and THURSDAYS</b>						
Facility Name:		Health Care Providers:			Suite #	
Contact Name:		Telephone Number:				
Are temperature logs from the period since your last vaccine order attached? <input type="checkbox"/> Yes <input type="checkbox"/> No → Vaccine will not be released						
Do you have a one-month supply of the vaccine you are ordering in your fridge? <input type="checkbox"/> No <input type="checkbox"/> Yes → Use current stock						
<b>Also order (✓):</b> <input type="checkbox"/> Yellow Cards <input type="checkbox"/> Plastic Covers <input type="checkbox"/> Temperature Logbook <input type="checkbox"/> Immunization Schedule <input type="checkbox"/> "Parents Must Notify" Pads						
<b>Vaccine Recommended Routinely for the following groups:</b> NOTE: Many of these vaccines may be available outside of the routine schedule. Check the high-risk eligibility criteria described in Ontario's Publicly-Funded Immunization Schedule.						
Trade Name	Abbreviation	Immunogen	Typically given...	Doses per box	# of boxes	Office use Lot # - expiry
Act-HIB®	Hib	Haemophilus Influenzae b Conjugate	< 5 years	5		
Adacel®, Boostrix®	Tdap	Tetanus, Diphtheria & Acellular Pertussis	14 to 16 year booster and one booster after 18 years of age and pregnant persons in every pregnancy	5		
Adacel-Polio®, Boostrix-IPV®	Tdap-IPV	Tetanus, Diphtheria, Acellular Pertussis, & Inactivated Polio	> 4 years old	10		
Imovax Polio®	IPV	Inactivated Poliomyelitis	≥ 6 weeks old	1		
M-M-R II®, Priorix®	MMR	Measles, Mumps & Rubella	After one year of age	10		Diluent
Menjugate® NeisVac-C®	Men-C-C	Meningococcal C Conjugate	Born on or after Sept 1, 2003 and are >1 year of age; or born between 1986 and 1996.	10		
Pediacel®, Pentacel®	DTaP-IPV-Hib	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio & Haemophilus Influenzae b Conjugate	2, 4, 6 and 18 months; used for children needing catch-up schedule up to age 7	5		
Prenvar 20® (formerly Pneumovax 23®)	Pneu-C-20	Pneumococcal Conjugate - 20 valent	≥ 65 years of age.	10		
Vaxneuvance® (formerly Prevnar 13®)	Pneu-C-15		6 weeks to 4 years of age routinely	10		
Priorix Tetra® Proquad®	MMRV	Measles, Mumps, Rubella & Varicella	4 to 6 years. Up to 12 years if late	10		Diluent
Rotarix®	Rot-1	Rotavirus Oral	2 months and 4 months routinely (eligible up to 24 weeks)	10		
Td Adsorbed® Tenivac®	Td	Tetanus & Diphtheria Adsorbed	Adults every 10 years	10		
Tubersol®	PPD	Tuberculin Purified Protein Derivative	Tuberculin skin testing ( <b>publicly funded only when deemed medically necessary, contacts of TB cases, post-secondary students including for placements, and &lt;65 years entering a LTCH</b> )	10		
Varivax® III, Varilrix®	Var	Varicella	Born in or after 2000 and ≥1 year of age	10		Diluent
Shingrix®	HZ	Herpes Zoster	65 to 70 years of age (i.e. from the 65 <sup>th</sup> birthday to 71 <sup>st</sup> birthday)	1		
Visit <a href="http://www.peterboroughpublichealth.ca/for-professionals/health-professionals/immunizations-and-vaccines">www.peterboroughpublichealth.ca/for-professionals/health-professionals/immunizations-and-vaccines</a> for Order Forms for:						
<ul style="list-style-type: none"> <li>• <b>High Risk:</b> Hepatitis A, Hepatitis B, Hib, Meningococcal and Human Papillomavirus vaccines</li> <li>• <b>School Program:</b> Hepatitis B, Meningococcal-C-ACYW and Human Papillomavirus</li> <li>• <b>Influenza</b></li> </ul>						