

Location: 185 King St. Peterborough, Ontario, K9J 2R8	Order #
<ul style="list-style-type: none"> FAX completed form to: 705-743-2897 Please allow 5 business days for processing orders for pick-up on Tuesday or Thursday Attach a copy of your temperature logs since your last vaccine order Complete ALL fields to ensure your order is completed within the committed timeline 	

Facility Name		Today's Date (yyyy/mm/dd)	
Facility Contact			
Last Name	First Name	Title	
Telephone No.	Fax No.	Email Address	
Address			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province ONTARIO	STN/ RPO/ RR
		Postal Code	

Pick- Up Date (YYYY/MM/DD): TUES OR THUR	<input type="checkbox"/> 8 :45am to 9 :45am	<input type="checkbox"/> 12 :00 to 1 :00pm	<input type="checkbox"/> 3 :00 to 4 :00pm
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A routine vaccine order has also been submitted for pick-up at the same day and time.

***Note:** Each Moderna® Spikevax XBB COVID-19 vaccine vial will yield 5 doses for ages 12+ or 10 doses for ages 6 months-11 years.

Description	Vaccine Type	Doses per Vial	Vials on Hand	Vials Required	Lot Number
Moderna® Spikevax COVID-19 Vaccine (XBB – Age 6 months and Older)	mRNA	5 or 10*			
Pfizer-BioNTech COVID-19 Vaccine (XBB – Age 12+)	mRNA	6			
Pfizer-BioNTech COVID-19 Vaccine (PAEDIATRIC XBB – Age 5-11)	mRNA	6			
Pfizer-BioNTech COVID-19 Vaccine (INFANT XBB – Age 6months-5)	mRNA	10			
***** Diluent only required for (INFANT XBB – Age 6months-5)	Diluent	10			

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 providing a power outage/cold chain occurs (includes: extra vaccine coolers, temp monitoring devices, etc.)

Facility – Authorized official (please print)	
Name:	Position Title
Signature:	Date (yyyy/mm/dd)

PPH Entry: Temp Log Received: Y / N Temps in range: Y / N
 Order filled: 20___/___/___ Staff: _____ CoVax IT #: _____