

EASTERN ONTARIO HEALTH UNIT
 1000 Pitt Street
 Cornwall, Ontario K6J 5T1
 Telephone: 613-933-1375 ext. 1283

EOHU Use Only – Order Number: _____

When completed, fax or email this form to:
 Fax: 613-936-0700
 Email: store@eohu.ca

- **Submit a copy of the LAST 4 WEEKS of temperatures with your order.**
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Refer to the current **Publicly Funded Immunization Schedules** for Ontario for eligibility criteria. Call for questions on recommended immunizations.
- **Complete ALL fields to avoid a delay in processing your vaccine order.**

Healthcare Provider/Clinic/Long Term Care Home Name

Order Date (Year/Month/Date)

Healthcare Provider Contact

Last Name First Name Title
 Telephone Number Fax Number Email Address

Address

Unit Number Street Number Street Name Post Office Box STN/ RPO/ RR
 City/Town Province Postal Code

DESCRIPTION	DOSES ON HAND	SUPPLIED AS DOSES PER PACKAGE	PRODUCT ALTERNATE ID	DOSES REQUIRED
VACCINES				
<i>Haemophilus influenzae</i> type b Vaccine (Act-HIB®/HIBERIX)		5	657132550	
Meningococcal C Conjugate Vaccine (Menjugate Liquid/NeisVac-C®)		10	657133443	
Measles, Mumps and Rubella Vaccine (MMR®II/PRIORIX)		10	657132300	
Measles, Mumps, Rubella and Varicella Vaccine (PRIORIX-TETRA / ProQuad®)		10	657136040	
Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b Vaccine (PEDIACEL®)		5	657133460	
Pneumococcal 15-valent conjugate (Pneu-C-15), Vaxneuvance		10	657122201	
Pneumococcal 20-valent conjugate (Pneu-C-20), Prevnar 20		10	657140201	
Polio Vaccine (IMOVAX®Polio)		1	657132202	
Rotavirus Vaccine (ROTARIX)		10	657142330	
Tetanus and Diphtheria Vaccine (Td ADSORBED)		10	657132400	
Tetanus, Diphtheria and Pertussis Vaccine (ADACEL®/BOOSTRIX)		5	657122030	
Tetanus, Diphtheria, Pertussis and Polio Vaccine (ADACEL®-POLIO/BOOSTRIX-POLIO)		10	657120131	

