

EASTERN ONTARIO HEALTH UNIT

1000 Pitt St
 Cornwall ON K6J 5T1
 Tel: 613-933-1375 ext. 283

EOHU Use Only – Order No.:

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.**
- Order the total quantity you expect to need.
- Refer to the table below for eligibility criteria. Call for questions on recommended immunizations.
- **Complete ALL fields to avoid a delay in processing your vaccine order.**

REMINDER: Please record **LOT NUMBER** on patient's chart.

1. **DO NOT DESTROY OUTDATED VACCINES**, please **RETURN** to the Health Unit (see attached Return Record form).
2. **REPORT** any **ADVERSE REACTION** to the Medical Officer of Health.
https://www.publichealthontario.ca/en/eRepository/Report_Adverse_Event_Following_Immunization_Form_fillable.pdf

Healthcare Provider Name

Order Date (YYYY/MM/DD)

Healthcare Provider Contact

Last Name

First Name

Title

Telephone No.

Fax No.

Email Address

DESCRIPTION

DOSES ON HAND

DOSES REQUIRED

INFLUENZA – QIV

6 months and older

INFLUENZA – High-Dose TIV

65 years of age and older

INFLUENZA – FLUMIST

2 years to 17 years

PNEUMOCOCCAL POLYSACCHARIDE

NOTE: Your order will be filled in staggered shipments as the influenza vaccine becomes available from the Ministry.

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.
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to the EOHU 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 EOHU Materials Management at 613-933-1375 ext. 283.

Customer - Authorized Official (please print)

Last Name

First Name

Title

Signature

Date (YYYY/MM/DD)

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.