

**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 **DO NOT DESTROY OUTDATED VACCINES**, please **RETURN** to the Health Unit (see attached Return Record form).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](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 – High-Dose TIV**  
65 years of age and older

**INFLUENZA – QIV**  
6 months and older

**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.