

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)		5	657132550	
Meningococcal C Conjugate Vaccine (Menjugate/NeisVac-C) Liquid		10	657133443	
Measles, Mumps and Rubella Vaccine (MMR/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 Conjugate Vaccine – 13 valent (PREVNAR 13)		10	657122025	
Pneumococcal Polysaccharide Vaccine (PNEUMOVAX 23)		10	657140102	
Polio Vaccine (IPV)		1	657132202	
Rotavirus Vaccine (Rotateq)		1	657142400	
		10	657142401	
Tetanus and Diphtheria Vaccine (Td ABSORBED)		5	657132400	
Tetanus, Diphtheria and Pertussis Vaccine (ADACEL®)		5	657122030	
Tetanus, Diphtheria, Pertussis and Polio Vaccine (ADACEL-POLIO/BOOSTRIX-POLIO)		10	657120131	
Varicella Vaccine (Varivax III/Varilrix)		10	657133050	

DESCRIPTION	DOSES ON HAND	SUPPLIED AS DOSES PER PACKAGE	PRODUCT ALTERNATE ID	DOSES REQUIRED
VACCINES – DESIGNATED POPULATIONS				
Shingles Herpes Zoster (Zostavax) (for 65-70 yrs of age only)		1	657120160	
		10	657120161	
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution		10	650633110	

HIGH RISK - WITH INDIVIDUALIZED PRESCRIPTION, INCLUDING ELIGIBILITY CRITERIA				
Hepatitis A Vaccine, Inactivated Pediatric, 0.5 ml		1	657132560	
Hepatitis A Vaccine, Inactivated Adult ,1.0 ml		1	657132570	
Hepatitis B (Paediatric) Vaccine, 0.5 ml Vial 1 / Box		1	657132510	
Hepatitis B (Adult) Vaccine, 1.0 ml Vial 1 / Box		1	657132430	
Pevnar 13 (Adults >50 years of age with medical risk factors)		10	657122025	
HPV-9 (≤ 26 yrs gay, bisexual, MSM, trans)		1	657133900	

VACCINE RELATED PRODUCTS				
Immunization Cards – Now available in English or French		1	753047080	
		1	753047080F	
Immunization Cards – Plastic Sleeves		1	754019110	
Vaccine Temperature Log Book – English		1	761019080	
Vaccine Temperature Log Book – French		1	761019080F	

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. 1283.

To expedite vaccine pick-up, please ensure that you arrive at the Health Unit with your cooler prepped. Cooler must have a min/max digital thermometer and temperatures must be maintained between 2-8 degrees C. In addition, you must have icepacks/ice blankets as well as bubble wrap. Vaccines will not be released until all cold chain requirements are adhered to. Should you require additional materials, please contact the Health Unit.

Customer - Authorized Official

Last Name	First Name	Title
Signature		Date (Year/Month/Date)

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