

**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
<b>VACCINES</b>				
<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)		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
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**VACCINES – DESIGNATED POPULATIONS**

Shingles Herpes Zoster (Shingrix) (for 65-70 yrs of age only)		10	657120201	
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.