

Respiratory Syncytial Virus (RSV) Vaccine Order Form

1000 Pit St Comwall ON K6J 5T1 Tel: 613-933-1375 ext. 1283 When completed, fax or email this form to: Fax: 613-936-070 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 DO NOT DESTROY OUTDATED VACCINES, please RETURN to the Health Unit (use Return Record form). 2. REPORT any ADVERSE REACTION to the Medical Officer of Health. https://www.publichealthontario.ca/-/media/documents/a/2020/aefi-reporting-form.pdf?sc_lang=en Healthcare Provider Name Order Date (YYYY/MM/DD) Healthcare Provider Contact LAST NAME FIRST NAME FIRST NAME TITLE TELEPHONE NO. FAX NO. EMAIL ADDRESS DESCRIPTION DOSES ON HAND DOSES REQUIF RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE Eligible adults aged 60 years and older RSV VACCINE Eligible infants (up to and including 24 months of age) 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 and temperatures are documented twice daily. • All temperature excursions outside of +2°C to +8°C (ff applicable) have been reported to the EOHU and recommen 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 at extra temperature monitoring devices. **NOTE: If you are unable to verify any of the above, call ECHU Materials Management at 613-933-1375 ext. 1283. **Customer - Authorized Official (please print)	de lest de l'entaile				
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If you require this information in an alternate format, please call 1-800-267-7120 and press 0.

DATE (YYYY/MM/DD)

SIGNATURE