

**EASTERN ONTARIO HEALTH UNIT**

EOHU Use Only – Order No.:

1000 Pitt St  
Cornwall ON K6J 5T1  
Tel: 613-933-1375 ext. 1283

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 **DO NOT DESTROY OUTDATED VACCINES**, please **RETURN** to the Health Unit (use Return Record form).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](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

TITLE

TELEPHONE NO.

FAX NO.

EMAIL ADDRESS

DESCRIPTION	DOSES ON HAND	DOSES REQUIRED
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE</b> Eligible adults aged 60 years and older	_____	_____
<b>RSV VACCINE</b> Eligible pregnant women (32 to 36 weeks gestation)	_____	_____
<b>RSV MONOCLONAL ANTIBODY (100mg)</b> Eligible infants (≥ 5kg) (Infants up to 12 months of age or high-risk infants 12 to 24 months of age)	_____	_____
<b>RSV MONOCLONAL ANTIBODY (50mg)</b> Eligible infants (<5kg)	_____	_____

**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.

**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.