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| Verified | | |
|----------|---------|--|
| | Yes | |
| | No | |
| Nurse Ir | nitial: | |

HEALTH UNIT USE ONLY

VACCINE ORDER FORM

ATTENTION: Panorama Inventory Clerk

FROM: DATE:

Orders to be received by Friday at 4 pm the week before the scheduled pick-up date

* Please complete the "Doses on Hand" column for each vaccine and fax a copy of your temperature logbook for the preceding 4 weeks along with your vaccine order*

| VACCINE | DOSES ON HAND (MANDATORY) | DOSES REQUIRED |
|--|---------------------------------|-------------------|
| DTaP-IPV-Hib (Pediacel; Pentacel) | | |
| Tdap-IPV (Adacel-Polio; Boostrix-Polio) | | |
| Tdap (Adacel; Boostrix) | | |
| Td (Td Adsorbed) | | |
| MMR (MMR II; Priorix) | | |
| MMRV (Priorix Tetra; ProQuad) | | |
| BID (Mantoux) (Tubersol) | | |
| IPV (Imovax polio) | | |
| Pneu-C-20 (Prevnar 20) | | |
| Pneu-C-15 (Vaxneuvance) | | |
| Varicella (Chicken Pox; Varivax III; Varilrix) | | |
| Men C-C (Menjugate, Neisvac-C) | | |
| Rotavirus (Rotateq) | | |
| Shingrix (Herpes Zoster) | | |
| Rabies Vaccine (Extra quantity request: hospitals only) | | |
| Rabies Immune Globulin (RIG – Extra quantity request: hospitals only) | | |
| School Based Vaccines | | |
| Hepatitis B School-based Hepatitis B vaccine is indicated for students in grades 7 and 8 only. | | |
| HPV-9 | | |
| Meningococcal (Menactra, Nimenrix) | | |
| Immunization Cards & Sleeves | # | # |
| Temperature Logbooks | # | # |