

Vaccine Order Form

phsd.ca • tel: 705.522.9200, ext. 301 • toll-free: 1.866.522.9200 • fax: 705.677.9618



Orders will be ready for pick-up 2 business days after being received. Pick-up times 8:30 a.m. - 4:30 p.m.

Office information

Date: _____ # of HCPs _____

Office name: _____

Office contact: _____

Telephone: _____

Email orders

vaccineorder@phsd.ca

Fax orders

705.677.9618 (Sudbury)
705.869.5583 (Espanola)
705.864.0820 (Chapleau)
705.377.5580 (Mindemoya)

Include completed vaccine fridge logs of the past two weeks with this order.

REMINDER: No more than a one month supply of doses in your vaccine fridge at any time.

| ROUTINE vaccine | Description | please note if you have zero doses on hand | Doses on hand | Doses required |
|-------------------------------|--|--|---------------|----------------|
| Adacel®/Boostrix® | Tetanus, Diphtheria and Pertussis vaccine (5 doses per box) | | | |
| Adacel®-Polio/Boostrix®-Polio | Tetanus, Diphtheria, Pertussis and Polio vaccine (10 doses per box) | | | |
| Menjugate® | Meningococcal Conjugate C vaccine (10 doses per box) | | | |
| MMR | Measles, Mumps and Rubella vaccine (10 doses per box) | | | |
| MMRV | Measles, Mumps, Rubella and Varicella vaccine (10 doses per box) | | | |
| Pediacel® | Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type B vaccine (5 doses per box) | | | |
| Pneumovax 23® | Pneumococcal Polysaccharide vaccine (10 doses per box) | | | |
| Polio | Polio vaccine (1 dose per box) | | | |
| Prevnar 13® | Pneumococcal Conjugate vaccine - 13 valent (10 doses per box) | | | |
| Rotavirus | Rotavirus vaccine (10 doses per box) | | | |
| Td | Tetanus and Diphtheria vaccine (5 doses per box) | | | |
| Tubersol® | TB testing solution (10 doses per vial) (NEW GUIDELINES: No cost for TB contacts, medically necessary according to HCP, age <65 entering LTCH, students for educational programs.) | | | |
| Varicella | Varicella vaccine (10 doses per box) | | | |
| Zostavax | Shingles vaccine (aged 65-70 years) | | | |

| SCHOOL BASED vaccine | Description | Patient DOB & initials | Doses on hand | Doses required |
|----------------------------------|--|------------------------|---------------|----------------|
| Gardasil (Choose HPV-4 or HPV-9) | Human papillomavirus vaccine (Grade 7 boys & girls / up to highschool) | | | |
| Hepatitis B | Hepatitis B vaccine (Grade 7 boys & girls) | | | |
| Menactra® | Meningococcal Conjugate ACYW-135 vaccine (Grade 7 boys & girls) | | | |

| INFLUENZA vaccine | Description | Doses on hand | Doses required |
|-------------------|--|---------------|----------------|
| Influenza | Quadrivalent (age 6 months and older) | | |
| | Flumist (age 2 to 17 years) | | |
| | Trivalent high dose (age 65 years and older) | | |

Publicly funded high-risk vaccines on reverse.

PUBLICLY FUNDED vaccines for HIGH RISK GROUPS

| Vaccine name | Patient Initials | DOB (YYYY/M/D) | Doses required | Elegibility |
|---|------------------|----------------|----------------|--|
| Human papillomavirus vaccine-9 (Gardasil) | | | Dose# | <p>≥ 9 years to < 27 years (male) with: (please check all that apply)</p> <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender (male) |
| Hepatitis A (Avaxim®/Havrix®) | | | Dose# | <p>≥ 1 year with: (please check all that apply)</p> <input type="checkbox"/> Chronic liver disease (including Hepatitis B and C) <input type="checkbox"/> Persons engaging in intravenous drug use <input type="checkbox"/> Men who have sex with men |
| Hepatitis B (Recombivax HB®/ Engerix® -B) | | | Dose# | <p>≥ 0 years with: (please check all that apply)</p> <input type="checkbox"/> Infant born to HBV-positive carrier mothers: <ul style="list-style-type: none"> • premature infant weighing <2,000 grams at birth (4 doses) • premature infant weighing ≥2,000 grams at birth and full/post term infants (3 doses) <input type="checkbox"/> Men who have sex with men, individual with multiple sex partners, or history of a sexually transmitted disease (3 doses) <input type="checkbox"/> Needle stick injury in a non-health care setting (3 doses) <input type="checkbox"/> Child <7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family (3 doses) <input type="checkbox"/> Chronic liver disease including hepatitis C (3 doses) <input type="checkbox"/> Renal dialysis or disease requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) <input type="checkbox"/> Awaiting liver transplant (2nd and 3rd doses only) |
| Haemophilus influenzae type b (Act-HIB®) | | | Dose# | <p>≥ 5 years with: (please check all that apply)</p> <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipient* (3 doses) <input type="checkbox"/> Functional or anatomic asplenia (1 dose) <input type="checkbox"/> Immunocompromised related to disease or therapy (1 dose) <input type="checkbox"/> Bone marrow or solid organ transplant recipient (1 dose) <input type="checkbox"/> Lung transplant recipient (1 dose) <input type="checkbox"/> Cochlear implant recipient (pre/post implant) (1 dose) <input type="checkbox"/> Primary antibody deficiency (1 dose) |
| Meningococcal B (Bexsero®) | | | Dose# | <p>Age 2 months to 17 years with: (please check all that apply)</p> <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV |
| Meningococcal C-ACYW135 (Menactra®) | | | Dose# | <p>Age 9 months to 55 years with: (please check all that apply)</p> <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV |



A hard-sided pre-conditioned cooler, two cool blankets, three frozen ice packs and one temperature monitoring device are required to receive and transport vaccines. Always maintain vaccine temperatures between 2°C and 8°C.