

Vaccine / STI Medication Order Form

Vaccine Orders must include 4 weeks of FRIDGE TEMP LOGS	Coolers must be between 2 – 8°C for vaccine to be released
DATE	Date of Pick-up: 3 business days from date order received.
HEALTH CARE PROVIDER / FACILITY NAME:	Belleville/Trenton/Prince Edward Co./Central & North Hastings: FAX ORDER TO: 613 – 966 – 1813
Contact Person:	
Phone #: _____ Private #: _____	

Important Notice: The Ministry of Health and Long-Term Care Vaccine Storage and Handling Guidelines requires that sites maintain no more than a 1-month supply of vaccine in your fridge at any time.

Publicly-Funded VACCINES	# DOSES Requested	# DOSES In Stock	Comments
DTaP-IPV-Hib (Pediace)l)			High-Risk and School-Based vaccines must be ordered on: BIO-2 “School-Based Vaccine Order Form” And BIO-5 “High Risk Vaccine Order Form”
Haemophilus Influenzae Type B (Hib) <i>*Indicate reason for request-small quantities only</i>			
Inactivated Polio Vaccine (IPV) <i>*Indicate reason for request-small quantities only</i>			
Meningococcal Conjugate C (Menjugate)			
MMR (MMRII/Priorix & diluent)			
MMRV (Priorix-Tetra/ProQuad & diluent)			
Pneumococcal Conjugate (Pneumo-13)			
Pneumococcal Polysaccharide (Pneumo-23)			
Rotavirus (Rotarix/Rotateq)			
Td			
Tdap (Adacel)			
Tdap-IPV (Adacel-Polio)			
Tuberculin PPD 5TU (Tubersol)			
Varicella (Varivax III/Varilix & diluent)			
Shingles (Shingrix) (age 65 – 70 ONLY)			

SUPPLIES (Indicate Quantities)

<u>Vaccine Supplies</u>	<u>STI Treatment Kits/Condoms</u>
_____ Ice Blankets (flexible, 12” x 4” cells)	• Chlamydia (1g Azithromycin) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
_____ Ice Packs	• Gonorrhea (1 dose Ceftriaxone/diluent/Azithromycin) 1 <input type="checkbox"/> 2 <input type="checkbox"/>
_____ Yellow Immunization Record Cards (Plastic sleeves no longer available)	• Syphilis (Penicillin G Benzathine (Bicillin® LA) 2.4 million units) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Syphilis Surveillance Form Required for specific patient Fax to 613-968-1482 (confidential)
_____ Temperature Logbook	• Condoms (pkgs of 100): 1 <input type="checkbox"/> 2 <input type="checkbox"/>
_____ Thermometer	<i>If supplies are required immediately, please call Sexual Health Program at 613-966-5500 x 418.</i>