

# Vaccine / STI Medication Order Form

<b>Vaccine Orders must include 4 weeks of FRIDGE TEMP LOGS</b>	<b>Coolers must be between 2 – 8°C for vaccine to be released</b>
<b>DATE</b>	<b>Date of Pick-up:</b> 3 business days from date order received.
<b>HEALTH CARE PROVIDER / FACILITY NAME:</b>	Belleville/Trenton/Prince Edward Co./Central & North Hastings: <b>FAX ORDER TO: 613 – 966 – 8145</b>
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)			<b>High-Risk and School-Based vaccines must be ordered on: BIO-2 “School-Based Vaccine Order Form”</b>  <b>And</b>  <b>BIO-5 “High Risk Vaccine Order Form”</b>
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> <b>*Subject to availability</b>	<u>STI Treatment Kits/Condoms</u>
_____ Ice Blankets (flexible, 12” x 4” cells) _____ Ice Packs _____ Yellow Immunization Record Cards (Plastic sleeves no longer available) _____ Temperature Logbook _____ Thermometer	<ul style="list-style-type: none"> <li>• Chlamydia (1g Azithromycin) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></li> <li>• Gonorrhea (1 dose Ceftriaxone/diluent/Azithromycin) 1 <input type="checkbox"/> 2 <input type="checkbox"/></li> <li>• Syphilis (Penicillin G Benzathine (Bicillin® LA) 2.4 million units) 1 <input type="checkbox"/> 2 <input type="checkbox"/>  <a href="#">Syphilis Surveillance Form</a> Required for specific patient            Fax to 613-968-1482 (confidential)         </li> <li>• Condoms (pkgs of 100): 1 <input type="checkbox"/> 2 <input type="checkbox"/></li> </ul> <p><i>If supplies are required immediately, please call Sexual Health Program at 613-966-5500 x 418.</i></p>