

Vaccine Order Form

Fax completed order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to your local PHU Office by **Tuesday noon. Vaccine will be available for pick up **Thursday** any time after 8:30 a.m.**

Cochrane - 705-272-4996 Hearst - 705-362-7462 Hornepayne - 807-868-2225 Iroquois Falls - 705-258-2249

Kapuskasing - 705-337-1895 Matheson - 705-273-2522 Smooth Rock Falls - 705-338-2250 Timmins – 705-360-7308

**** NOTE:** If you are unable to verify any of the information below, call the Porcupine Health Unit at 705-267-1181 and speak with your cold chain nurse. ******

By submitting this order, 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.
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to 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
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Call for questions on recommended immunizations.

Complete ALL fields to avoid a delay in processing your vaccine order.

Healthcare Provider Name (Office name)		Requisition Date (yyyy/mm/dd)
Healthcare Provider Contact Person		Title
Last Name	First Name	
Telephone No.	Fax No.	Email Address

ROUTINE VACCINES

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Abrysvo (RSV) <i>(pregnant women, LTCH/RH residents, First Nation, Inuit, Metis individuals 60+)</i>		1	657123240	
Beyfortus (RSV < 5kg) 50 mg <i>(newborns, targeted for delivering hospitals)</i>		1	657122000	
Beyfortus (RSV > 5 kg) 100 mg <i>(infants born in 2024)</i>		5 1	657124001	
Adacel/Boostrix (Tetanus, Diphtheria and Pertussis)		5	657122030	
Adacel Polio/Boostrix Polio (Tetanus, Diphtheria, Pertussis and Polio)		10 1	657120131	
Imovax Polio (Polio)		1	657132202	
Menjugate/NeisVac-C (Men-C Conjugate) <i>(12 months of age)</i>		10 1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) <i>(12 months of age)</i>		10 1	657132300	
Pediacel/Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133480	
Prevnar 20 (Pneu-C-20) <i>(For ≥ 65 years of age + high-risk)</i>		10 1	657140102	
Vaxneuvance (Pneu-C-15) <i>(6 weeks - 4 years of age)</i>		10 1	657122025	
ProQuad/Priorix Tetra (Measles, Mumps, Rubella, & Varicella)		10 1	657136040	
Rotarix (Rotavirus)		10 1	657142330	
Td Adsorbed (Tetanus and Diphtheria)		10 1	657132400	
Tubersol (Tuberculin Purified Protein Derivative (5 TU) – TB testing solution)		10	650633110	
Varivax/Varilrix (Varicella)		10 1	657133050	
Shingrix (Shingles) <i>(for 65-70 years only & those born in 1949, 1950, 1951 and 1952, 1953 remain eligible until December 31, 2024)</i>		10 1	657120200	

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to the Porcupine Health Unit

Vaccine Order Form

Healthcare Provider Name (Office name)		Requisition Date (yyyy/mm/dd)
Healthcare Provider Contact Person Last Name		Title
First Name		
Telephone No.	Fax No.	Email Address

COVID-19 VACCINES ONLY AVAILABLE DURING RESPIRATORY SEASON

Refer to the [COVID-19 Guidance Documents](#)

Description	Doses on Hand	Doses per package	Doses Required
Moderna ≥ 6 months of age		5	
Pfizer ≥ 12 years of age		6	

FLU VACCINES ONLY AVAILABLE DURING RESPIRATORY SEASON

Refer to the [Canadian Immunization Guide](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Fluzone® / FluLaval-Tetra® (Quadrivalent) ≥ 6 months of age		10	657144000	
Fluzone-High Dose® (Quadrivalent HD) ≥ 65 years of age		5	657155100	
Fluad® (Trivalent) ≥ 65 years of age		10	657133520	

SUPPLIES

Immunization Cards (check appropriate √) English _____ French _____		1	753047080	
Immunization Plastic Sleeves – Temporarily Out of Stock		1	754019110	
Vaccine Temperature Log Book – English		1	761019080	

OTHER VACCINES

For **High Risk Vaccines**, use the “High Risk Vaccine Order Form” on the Porcupine Health Unit website at <https://phu.fyi/immunization-manual>

For **School Program Vaccines** (Hepatitis B, HPV and Meningococcal C-ACYW135), use the “School Vaccine Order Form” located on the Porcupine Health Unit website at <https://phu.fyi/immunization-manual>

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to the Porcupine Health Unit