



## Healthcare Provider Requisition Form for Vaccines (IROQUOIS FALLS ONLY)

**Fax completed order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to 705-258-2249 by Tuesday noon. Vaccine will be available for pick up Thursday any time after 8:30 a.m.**

**\*\* 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.**

For **High Risk Vaccines**, use the “Vaccine Release Requisition Form for High Risk Publicly Funded Vaccine” 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 “Vaccine Release Requisition Form for School Based Publicly Funded Vaccine” located on the Porcupine Health Unit website at <https://phu.fyi/immunization-manual>

<b>Healthcare Provider Name (Office name)</b>		<b>Requisition Date (yyyy/mm/dd)</b>
<b>Healthcare Provider Contact Person</b> Last Name	First Name	Title
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
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 (Meningococcal C Conjugate)		10   1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella)		10   1	657132300	
Pediacel/Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133460	
Pneumovax 23 (Pneumococcal Polysaccharide) <i>(For ≥ 65 years of age)</i>		10   1	657140102	
Prevnar 13 (Pneumococcal Conjugate Vaccine – 13 valent) <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)		5   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 &amp; 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**



**Porcupine Health Unit**  
 169 Pine Street South  
 Timmins, ON  
 Tel: 705-267-1181

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PHU Use Only – Order No.:

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

### Covid-19 Vaccines

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

Description	Doses on Hand	Doses per package	Doses Required
<b>Pfizer XBB (grey cap)</b> <ul style="list-style-type: none"> <li>Stable for 10 weeks thawed in refrigerator</li> <li>Stable for 12 hours post puncture</li> </ul>		6	
<b>Moderna XBB (blue cap) ≥ 6 months of age</b> <ul style="list-style-type: none"> <li>Stable for 30 days thawed in refrigerator</li> <li>Stable for 24 hours post puncture</li> </ul>		5	
<b>Pediatric Vaccines – Contact PHU to inquire about availability</b>			

### Flu Vaccines

Refer to the [Canadian Immunization Guide](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Fluzone® 0.5 mL/dose FluLaval-Tetra® 0.5 mL/dose <i>≥ 6 months of age</i>		10	657144000	
Fluzone-High Dose® Quad 0.7 mL/dose <i>≥ 65 years of age</i>		5	1	657155100
Fluad® 0.5 mL/dose <i>≥ 65 years of age</i>		10	1	657133520

### Supplies

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

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