



**Fax completed order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to 705-273-2522 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>     |            | <b>Title</b>                         |
| 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 |
|---|---------------|-------------------|---------------|----------------|
| 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**



|   |         |                               |
|---|---------|-------------------------------|
| Healthcare Provider Name (Office name)          |         | Requisition Date (yyyy/mm/dd) |
| Healthcare Provider Contact Person<br>Last Name |         | Title                         |
| 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<br>FluLaval-Tetra® 0.5 mL/dose<br><i>≥ 6 months of age</i> |               | 10                | 657144000     |                |
| Fluzone-High Dose® Quad 0.7 mL/dose<br><i>≥ 65 years of age</i>                 |               | 5                 | 1             | 657155100      |
| Fluad® 0.5 mL/dose<br><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 |  |

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