



Healthcare Provider Requisition Form for Vaccines and STI Medication

PHU Use Only – Order No.:

(Apitipi, Attawapiskat, Moose Factory, Kashechewan, Fort Albany,
Peawanuck, Constance Lake)

Fax order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to the Porcupine Health Unit nearest you by Tuesday at 4:00 p.m. Matheson and Hearst - Vaccine will be available for pick up Thursday any time after 8:30 a.m. Timmins – vaccines will be shipped as per calendar schedule.

TIMMINS (all others): 705-360-7308

MATHESON (Apitipi): 705-273-2522

HEARST (Constance Lake): 705-362-7462

**** 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>

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
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 & 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



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Covid-19 Vaccines			
Refer to the COVID-19 Guidance Documents			
Description	Doses on Hand	Doses per package	Doses Required
Pfizer XBB (grey cap) <ul style="list-style-type: none"> Stable for 10 weeks thawed in refrigerator Stable for 12 hours post puncture 		6	
Moderna XBB (blue cap) ≥ 6 months of age <ul style="list-style-type: none"> Stable for 30 days thawed in refrigerator Stable for 24 hours post puncture 		5	
Pediatric Vaccines – Contact PHU to inquire about availability			

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	657155100	
Flud® 0.5 mL/dose <i>≥ 65 years of age</i>		10	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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School Program

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

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
GRADE 7 ONLY (2023-2024 School Year)				
Gardasil 9 (HPV 9)		1 10	657133900 657133901	
Engerix B / Recombivax (Hepatitis B)		1	657132430	
Menactra / Nimenrix (Meningococcal-C-ACWY)		10	657133600 657133701	
CATCH-UPS / NEW SERIES (GRADE 8 to 12)				
Gardasil 9 (HPV 9)		1 10	657133900 657133901	
Engerix B / Recombivax (Hepatitis B)		1	657132430	
Menactra / Nimenrix (Meningococcal-C-ACWY)		10	657133600 657133701	

Sexual Health Medication

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Amoxicillin 500 mg		100 caps/bottle	650511030	
Azithromycin 250 mg		6 tab/pkg	650211061	
Benzathine Penicillin G 1.2 mu per 2ml (Store between 2-8° C) (must be approved by Infectious Disease prior to ordering)		10 pre-filled syringes/pkg	650532031	
Ceftriaxone 250 mg/vial		10 vials/pkg	650413020	
Doxycycline 100 mg		100 caps/bottle	650511021	
Lidocaine 1% solution for injection 5ml		20 polyampoules/pkg	659012051	
Sterile water for injection 10ml		20 polyampoules/pkg	659012012	

** Gentamicin Injection 40mg/ml is ordered under the Special Access Program of Health Canada and is available from MOHLTC on a case-by-case basis. **

Notes:

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