

## VACCINE ORDER FORM

- Submit this completed form and the most recent 4-week vaccine fridge temperature logs by fax 519-977-1711 or email [vaccine@wechu.org](mailto:vaccine@wechu.org). For further questions feel free to contact our office at 519-258-2146 Ext. 1121.
- Maintain no more than a one-month supply in your vaccine fridge as per Ministry Guidelines.
- For vaccine pick up, coolers must be pre-chilled between 2-8°C and all transport equipment must be present.
- You will be notified when your order is ready.

| <b>Date:</b>                                                                                                                                                                                                                                                         |                        |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|
| <b>Facility Name:</b>                                                                                                                                                                                                                                                | <b>Contact Person:</b> |                   |
| <b>Phone Number:</b>                                                                                                                                                                                                                                                 | <b>Fax Number:</b>     |                   |
| <b>Pick Up:</b> <input type="checkbox"/> Medex <input type="checkbox"/> Windsor Health Unit <input type="checkbox"/> Leamington Health Unit                                                                                                                          |                        |                   |
| VACCINE                                                                                                                                                                                                                                                              | DOSES ON HAND          | DOSES REQUIRED    |
| Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenzae b Vaccine ( <b>Pediacel/Pentacel</b> )                                                                                                                                                              |                        |                   |
| Haemophilus influenzae type B Vaccine ( <b>Act-Hib/Hiberix</b> )                                                                                                                                                                                                     |                        |                   |
| Meningococcal C Conjugate Vaccine ( <b>Menjugate Liquid/NeisVac-C</b> )                                                                                                                                                                                              |                        |                   |
| Measles, Mumps and Rubella Vaccine ( <b>MMR II/Priorix</b> )                                                                                                                                                                                                         |                        |                   |
| Measles, Mumps, Rubella and Varicella Vaccine ( <b>Priorix-Tetra/ProQuad</b> )                                                                                                                                                                                       |                        |                   |
| Pneumococcal Conjugate Vaccine-15 valent ( <b>Vaxneuvance</b> )                                                                                                                                                                                                      |                        |                   |
| Pneumococcal Conjugate Vaccine-20 valent ( <b>Prevnar 20</b> )                                                                                                                                                                                                       |                        |                   |
| Pneumococcal Conjugate Vaccine-21 valent ( <b>Capvaxive</b> )                                                                                                                                                                                                        |                        |                   |
| Polio Vaccine ( <b>Imovax Polio</b> )                                                                                                                                                                                                                                |                        |                   |
| Rotavirus Vaccine ( <b>Rotarix</b> )                                                                                                                                                                                                                                 |                        |                   |
| Shingles Vaccine ( <b>Shingrix</b> )                                                                                                                                                                                                                                 |                        |                   |
| Tetanus and diphtheria Vaccine ( <b>Td Adsorbed/Tenivac</b> )                                                                                                                                                                                                        |                        |                   |
| Tetanus, diphtheria, pertussis Vaccine ( <b>Adacel/Boostrix</b> )                                                                                                                                                                                                    |                        |                   |
| Tetanus, diphtheria, pertussis and polio Vaccine ( <b>Adacel-Polio/Boostrix-Polio</b> )                                                                                                                                                                              |                        |                   |
| Tuberculin Purified Protein Derivative ( <b>Tubersol</b> )                                                                                                                                                                                                           |                        |                   |
| Varicella Vaccine ( <b>Varivax III/Varilrix</b> )                                                                                                                                                                                                                    |                        |                   |
| <b>VACCINE RESOURCES</b>                                                                                                                                                                                                                                             |                        | <b># REQUIRED</b> |
| Immunization Cards (50/bundle)                                                                                                                                                                                                                                       |                        |                   |
| Immunization Sleeves (50/bundle)                                                                                                                                                                                                                                     |                        |                   |
| ICON Cards ( <i>business cards with instructions for families to report immunizations to the WECHU</i> )                                                                                                                                                             |                        |                   |
| Immunization Receipts for Patients (50/bundle) also available to download from our website:<br><a href="https://www.wechu.org/professionals/health-care-providers/vaccine-providers">https://www.wechu.org/professionals/health-care-providers/vaccine-providers</a> |                        |                   |
| Vaccine Temperature Logbook                                                                                                                                                                                                                                          |                        |                   |