



Health Care Provider Requisition Form

<b>Regional Municipality of Halton</b> 1151 Bronte Road Oakville, Ontario L6M 3L1 Tel: 905-825-6000 ext 7857/ Fax: 905-825-8797 Attention Vaccine Distribution Department	<b>PHU Use Only – Order No.:</b>
Fax this completed form with copy of current temperature log page. <b>Important Notice:</b> 3 Business days required for Region pickups. Pickups are not available on Mondays. Orders for hospital or private courier will be shipped the week after order request is received. Orders may be adjusted based on availability of vaccine.	
<ul style="list-style-type: none"><li>• Maintain no more than a one-month supply in your vaccine fridge at any time.</li><li>• Refer to the current <b>Publicly Funded Immunization Schedules</b> for Ontario for eligibility criteria. Call for questions on recommended immunizations.</li><li>• <b>Complete ALL fields to avoid a delay in processing your vaccine order.</b></li></ul>	

<b>Holding Point Code and Name</b>			<b>Requisition Date (yyyy/mm/dd)</b>	
<b>Holding Point Contact</b>				
Last Name		First Name	Title	
Telephone No.		Fax No.	Email Address	
<b>Ship to Address</b>				
Unit No.	Street No.	Street Name	PO Box	STN/ RPO/ RR
City/Town			Province	Postal Code
<b>Requested Delivery Method</b>				
<input type="checkbox"/> Customer Pick-up Region Tue-Fri 8:00 am to 4:00 pm		<input type="checkbox"/> Milton Hospital Tuesdays	<input type="checkbox"/> Georgetown Hospital Tuesdays	<input type="checkbox"/> Joseph Brant Hospital Wednesdays
<input type="checkbox"/> Dynacare Courier Wednesdays	<input type="checkbox"/> MedExpress Courier Thursdays		<input type="checkbox"/> Other (specify) _____	

Code name	Description	Doses on Hand	Doses	Catalogue no.	Doses Required
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<input type="checkbox"/> <b>Vaccines and Related Products</b>					
BID (Mantoux)	Tuberculin Purified Protein Derivative (5 TU) – TB testing solution		10	6506-3311-0	
DTaP-IPV-Hib	Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b Vaccine		5	6571-3346-0	
Hib	<i>Haemophilus influenzae</i> type b Vaccine		5	6571-3255-0	
IPV	Polio Vaccine		1	6571-3220-2	
Men-C	Meningococcal C Conjugate Vaccine		5	6571-3344-2	
MMR	Measles, Mumps and Rubella Vaccine		10	6571-3230-0	
MMRV	Measles, Mumps, Rubella, and Varicella Vaccine		10	6571-3604-0	
Pneu-C-13	Pneumococcal Conjugate Vaccine – 13 valent		10	6571-2202-5	
Pneu-P-23	Pneumococcal Polysaccharide Vaccine		10	6571-4010-2	
Rot-1	Rotavirus Vaccine		1	6571-4232-0	
Td	Tetanus and Diphtheria Vaccine		5	6571-3240-0	
Td-IPV	Tetanus, Diphtheria and Polio Vaccine		5	6571-3249-0	
Tdap	Tetanus, Diphtheria and Pertussis Vaccine		5	6571-2203-0	
Tdap-IPV	Tetanus, Diphtheria, Pertussis and Polio Vaccine		5	6571-3003-0	
Var	Varicella Vaccine		10	6571-3305-0	
Var	Varicella Vaccine		1	6571-3305-1	
Var-Zoster	Varicella Zoster 0.65ml		1	6571-120160	
<input type="checkbox"/> <b>High Risk</b>					
HA (Paed)	Hepatitis A Vaccine, Inactivated Pediatric, 0.5 ml Vial/Prefilled Syringe 1 / Box		1	6571-3256-0	
HA	Hepatitis A Vaccine, Inactivated Adult , 1.0 ml Vial or Prefilled Syringe 1 / Box		1	6571-3257-0	
HB (Paed)	Hepatitis B (Paediatric) Vaccine, 0.5 ml Vial 1 / Box		1	6571-3251-0	
HB (1)	Hepatitis B (Adult) Vaccine, 1.0 ml Vial 1 / Box		1	6571-3243-0	
HPV (1)	Quadrivalent HPV (6, 11, 16, 18) Recombinant 4 0.5 ml Vial or Prefilled Syringe 1 / Box		1	6571-3351-0	
Men-B	Multicomponent Meningococcal B Vaccine (Recombinant, Adsorbed) 0.5ml PFS 1 / Box		1	6571-3314-0	
Men-P/Men-C	Meningococcal Polysaccharide Vaccine, Groups A,C,Y and W-135 Combined 0.5 ml Vial		1	6571-3327-2	

Please complete all fields for all high risk orders

Client Name:		Client DOB: yy/mm/dd
Client Address:		Criteria:
Blood Work Attached <input type="checkbox"/>	Temperature Log Book <input type="checkbox"/> Immunization Cards <input type="checkbox"/>	Fact Sheets @ <a href="http://www.halton.ca">http://www.halton.ca</a>