Healthcare Provider Requisition Form for Influenza Vaccines

York Region Public Health (Vaccine Inventory Program)
Office Address: 520 Cane Parkway
Newmarket ON L3Y 8T5
Tel: (905) 830-4444 Ext. 74033 / Fax: (905) 830-0578

PHU Use Only – Order No.:

When completed, fax or email this form (along with a copy of your **current fridge temperature log**)

Fax: (905) 830-0578 **Email: vaccineorderline@york.ca**

Please include a copy of your current Fridge Temperature Log to 905-830-0578 with your order

- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Refer to the current ***Publicly Funded Immunization Schedules*** for Ontario for eligibility criteria. Call for questions on recommended immunizations.
- **Complete ALL fields to avoid a delay in processing your vaccine order.**

Provider type: ☐ **Family Practice** ☐ **Pharmacy** ☐ Pediatrician ☐ other: _____

Healthcare Provider Name/Practice Name		**Requisition Date (yyyy/mm/dd)**
Healthcare Provider Contact		
Last Name	First Name	Titl
Telephone No.	Fax No.	Email Address

Vaccine pick-up location preference:

☐ Georgina – 24262 Woodbine Avenue, Keswick ON L4P 3E9 (Monday and Wednesday, 12:30 – 4:00)

☐ Markham – 4261 Highway 7, Markham ON L3R 9W6 (Monday to Friday, 8:30 – 4:30)

☐ Newmarket – 520 Cane Parkway, Newmarket ON L3Y 8T5 (Monday to Friday, 8:30 – 4:30)

☐ Richmond Hill – 50 High Tech Road, Richmond Hill ON L4B 4N7 (Monday to Friday, 8:30 – 4:30)

☐ Vaughan – 9060 Jane Street, Vaughan ON L4K 0G5 (Monday to Friday, 8:30 – 4:30)

Description	Vaccine Formulation	Eligibility	Doses on Hand	Catalogue no.	Doses Required
Influenza					
Agriflu® , Multi-dose vial	TIV	6 months and older		6571-3323-0	
Fluviral® , Multi-dose vial	TIV	6 months and older		6571-3323-0	
Influvac®, Single dose syringe	TIV	18 years and older		6571-3349-1	
Fluad®, Single dose syringe	TIV (Adjuvanted)	65 years and older		6571-3352-0	
FluLaval Tetra® Multi-dose vial	QIV	6 months to 17 years		6571-4400-0	
Fluzone Quadrivalent®, Multi-dose vial	QIV	6 months to 17 years		6571-4400-0	
FluMist Quadrivalent®, Single dose sprayer	QIV LAIV	2-17 years, preferred vaccine for 2 to <6years old		6571-4410-0	

By submitting this order and signing below, 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

Note: If you are unable to verify any of the above, call (905) 830-4444 Ext. 74033 *or* toll free 1(877) 464-9675 Ext. 74033

Customer - Authorized official (please print)		
Last Name	First Name	Title
Signature		Date (yyyy/mm/dd)