

Healthcare Provider Name

Requisition Form for Covid- 19 Vaccines

Fax To: 519-426-9246 www.hnhu.org

Address					
Anticipated date of clinic					
Requested Pick-up Date					
All orders must be f Thursday after 2 p.					p the following
*Please note fridge	e stability time	e highli	ghted below.		
Please order the nu	ımber of vials/d	doses re	quired, including ar	ny vaccination sup	plies.
Covid-19 Vaccine	Vaccination/ Supplies /Package		Current Vials/ Doses	Doses Req.	Vials Req.
Pfizer XBB (Adult)					
Pfizer XBB (Pediatric)					
Pfizer XBB (Infant)					
Moderna XBB (6m+)					
Novavax XBB					
Vaccination Supplies					
Vanish Point 1"					
1ml syringes					
5/8" needles					
1" needles			1		

By submitting this order, you verify the following:

- Refrigerators have maintained temperatures between +2°C to +8°C.
- Temperatures are documented twice daily, including the time the temperature was recorded.
- Accurate temperature logs are available upon request and are stored on site until your next annual cold chain inspection.
- All temperature excursions outside of +2° C to 8°C (if applicable) have been reported to the Health Unit.
- Recommendations regarding use of the affected vaccines have been implemented.
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.
- You understand the stability in the fridge is 30 days for Moderna products and 10 weeks for Pfizer products. This day begins from the date removed from PHU Freezer (noted on the delivery box)
- Please do not order more than 1 week prior to planned usage.

Legend: Number of doses per vaccine: Pfizer XBB? Pediatric Pfizer XBB = 6 doses, Infant Pfizer XBB/Novavax = 10 doses, Moderna = 5 doses