

# Requisition Form for Vaccines and Other Products

**Healthcare Provider Name** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**All orders must be faxed to the Health Unit at 519-426-9246 no later than 12 noon on Tuesdays in order to be ready for pick up that Thursday after 2pm, or any time thereafter. Please note: pick up times at the health unit are Monday-Friday between 8:45am and 4:15pm.**

**Steps to ensure you receive the correct antigens in a timely fashion:**

1. Include a copy of your temperature log with your order and fax to 519-426-9246 by 12 noon Tuesday.
2. Include on this form how many doses of the vaccine you currently have on hand.
3. Please order the number of **doses** required, and order no more than one month supply at a time.
4. For high risk populations, please use the High Risk Vaccine Order Form.
5. Prepare your cooler for cold chain transportation.

Code Name	Doses/Pkg	Product Alternate ID	Current Doses	Doses Required
<b>VACCINES</b>				
Pediacel (DTaP-IPV-Hib)	5	6571-3346-0		
Hib	5	6571-3255-0		
Imovax-Polio (IPV)	1	6571-3220-2		
Menjugate (Men-C)	10	6571-3344-3		
Priorix (MMR)	10	6571-3230-0		
Priorix Tetra/ProQuad (MMRV)	10	6571-3604-0		
Prevnar 13 (Pneu-C-13)	10	6571-2202-5		
Pneumovax 23 (Pneu-P-23)	10	6571-4010-2		
Rotateq	1	6571-4240-0		
Td Absorbed	5	6571-3240-0		
Td-IPV	5	6571-3249-0		
Adacel (tdap)	5	6571-2203-0		
Adacel-Polio (tdap-IPV)	10	6571-2013-1		
Varivax	10	6571-3305-0		
Zostavax	1	6571-2016-0		

<b>STI MEDICATIONS &amp; PRODUCTS</b>		
<b>Gonorrhea Treatment</b>	<b>Package Contents</b>	<b># of Packages</b>
1st Line	Ceftriaxone 250mg IM (2ml of Lidocaine provided) + Azithromycin 1 g PO	
2nd Line (only to be used if unable to use 1st line)	Cefixime 400 mg PO + Azithromycin	
<b>Chlamydia Treatment</b>		
1st Line	Azithromycin 1 g PO	
2nd Line (only to be used if unable to use 1st Line)	Doxycycline 100 mg PO BID x 7 days	
<b>Syphilis</b>	Benzathine Penicillin G 2.4 million U IM	<b>** contact the Sexual Health Clinic at 519-426-6170 Ext. 3225 to obtain**</b>
<b>Condoms</b>	100 Condoms	
<b>PAPER PRODUCTS</b>		<b># Required</b>
Vaccine Fridge Temp. Log Book	7610-1908-0	
Yellow Immunization Cards w/Sleeve	7530-4708-0	
NutriSTEP Screening Tool-Toddler	18 to 35 months	
NutriSTEP Screening Tool-Preschooler	3 to 5 years	
Prenatal Classes	Postcard	
Maternal and Child Health Services	Brochure	

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.

Note: If you are unable to verify any of the above, call the Haldimand Norfolk Health Unit at 519-426-6170 Ext. 3472.