

**FAX: 519-383-7092 or**  
**EMAIL: [vaccineorders@county-lambton.on.ca](mailto:vaccineorders@county-lambton.on.ca)**

ORDER # (PHU Use Only)

***Vaccines will be distributed based on availability. We reserve the right to make changes to your order.***

**All vaccine orders require:**

- Copy of last 7 consecutive days temperature log including the current date
- 2 business days to fill the order

**By submitting any vaccine order and signing the order form, 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 LPH and recommendations regarding usage of the affected 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

|                            |               |
|----------------------------|---------------|
| <b>DOCTOR/CLINIC NAME:</b> |               |
| <b>CONTACT NAME:</b>       | <b>TEL #:</b> |
| <b>DATE:</b>               | <b>FAX #:</b> |

| DOSES ON HAND | DOSES REQUIRED | GENERAL and SCHOOL PROGRAM VACCINES                      | CATALOGUE NUMBER |
|---------------|----------------|--|------------------|
|               |                | DTaP-IPV-Hib ( <b>Pediacel</b> ) 5/Box                   | 6571-3346-0      |
|               |                | Hepatitis B ( <b>Recombivax HB/Engerix-B</b> ) 1/Box     | 6571-3243-0      |
|               |                | HPV-9 ( <b>Gardasil 9</b> ) 1/Box                        | 6571-3390-0      |
|               |                | HPV-9 ( <b>Gardasil 9</b> ) 10/Box                       | 6571-3390-1      |
|               |                | Men-C-ACYW-135 ( <b>Menactra/Nimenrix</b> ) 10/Box       | 6571-3370-1      |
|               |                | Men-C-C ( <b>Menjugate/NeisVac</b> ) 10/Box              | 6571-3344-3      |
|               |                | MMR ( <b>MMR-II/Priorix</b> ) 10/Box                     | 6571-3230-0      |
|               |                | MMR-Var ( <b>MMRV-II/Priorix-Tetra/Pro-Quad</b> ) 10/Box | 6571-3604-0      |
|               |                | Pneu-C-13 ( <b>Prevnar 13</b> ) 10/Box                   | 6571-2202-5      |
|               |                | Pneu-P-23 ( <b>Pneumovax 23</b> ) 10/Box                 | 6571-4010-2      |
|               |                | PPD ( <b>Tubersol</b> ) 10/Multi-dose Vial               | 6506-3311-0      |
|               |                | Rotavirus-1 ( <b>Rotarix</b> ) 10/box                    | 6571-4233-0      |
|               |                | Rotavirus-5 ( <b>RotaTeq</b> ) 10/box                    | 6571-4240-1      |
|               |                | Td ( <b>Td Adsorbed</b> ) 5/Box                          | 6571-3240-0      |
|               |                | Tdap ( <b>Adacel</b> ) 5/Box                             | 6571-2203-0      |
|               |                | Tdap-IPV ( <b>Adacel-Polio</b> ) 10/Box                  | 6571-2013-1      |
|               |                | Var ( <b>Varivax-III/Varilrix</b> ) 10/Box               | 6571-3305-0      |
|               |                | Zoster ( <b>Shingrix</b> ) 1/Box                         | 6571-2020-0      |