



**FAX: 519-383-7092 or
EMAIL: 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

DOCTOR/CLINIC NAME:	
CONTACT NAME:	TEL #:
DATE:	FAX #:

ONE ORDER FORM PER CLIENT

PATIENT:	DOB:
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HIGH-RISK and SPECIAL ORDER VACCINES	CATALOGUE NUMBER	DOSE # <i>(please circle)</i>				DOSES REQUIRED
Hepatitis A (Havrix) 1/Box	6571-3257-0 (<i>ADULT</i>)	1	2			
	6571-3256-0 (<i>paed</i>)	1	2			
Hepatitis B (Engerix-B) 1/Box	6571-3243-0 (<i>ADULT/adolescent</i>)	1	2	3	4	booster
	6571-3251-0 (<i>paed</i>)	1	2	3	4	booster
	6571-3324-1 (<i>renal dialysis</i>)	1	2	3	4	booster
Hib (Act-HIB) 1/Box	6571-3220-2	1	2	3		
HPV-9 (Gardasil 9) 1/Box	6571-3390-0	1	2	3		
IPV (Imovax Polio) 1/Box	6506-3311-0	N/A				
4CMenB (Bexsero) 1/Box	6571-3314-0	1	2	3	4	
Men-C-ACYW-135 (Menveo) 1/Box	6571-3370-0	1	2	3	4	booster