

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 #:

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