



**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>

***ONE ORDER FORM PER CLIENT***

<b>PATIENT:</b>	<b>DOB:</b>
-----------------	-------------

HIGH-RISK and SPECIAL ORDER VACCINES	CATALOGUE NUMBER	DOSE # <i>(please circle)</i>				DOSES REQUIRED
		1	2	3	4	
Hepatitis A ( <b>Havrix</b> ) 1/Box	6571-3257-0 ( <i>ADULT</i> )	1	2			
	6571-3256-0 ( <i>paed</i> )	1	2			
Hepatitis B ( <b>Engerix-B/ Recombivax</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 – 40 mcg</i> )	1	2	3	4 booster	
Hib ( <b>Act-HIB</b> ) 1/Box	6571-3220-2	1	2	3		
HPV-9 ( <b>Gardasil 9</b> ) 1/Box	6571-3390-0	1	2	3		
IPV ( <b>Imovax Polio</b> ) 1/Box	6571-3220-2	1				
4CMenB ( <b>Bexsero</b> ) 1/Box	6571-3314-0	1	2	3	4	
Men-C-ACYW-135 ( <b>Menveo</b> ) 1/Box	6571-2017-0 ( <i>ADULT</i> )	1	2	3	4 booster	