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| FAX form to: 519-383-7092, or EMAIL form to: vaccineorders@county-lambton.on.ca | | OFFICE USE ONLY | |
| To receive COVID-19 vaccine, your office must be an approved COVID-19 vaccine site and ensure the following criteria are met (check boxes): | | VACCINE PACKING INFORMATION | |
| <input type="checkbox"/> Providers at your site have obtained a COVaxON ID and completed COVaxON training via OntarioMD . | | | |
| <input type="checkbox"/> Your site will provide a copy of your last 7 days of temperature logs 24-48 hours prior to your scheduled pick-up time. | | | |
| <input type="checkbox"/> All vaccine will be picked up in a thawed state from Lambton Public Health. The vaccine is not to be moved again once transported to your clinic location. | | | |
| ** All vaccine orders require <u>2 business days</u> to fill. ** | | *** Please indicate if supplies are needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Health Care Provider/ Facility Name: | | Date: | |
| Contact Name: | Title: | Tel #: | Ext #: |
| Email: | | Fax #: | |
| Preferred Pickup Date: <i>(2 business days required)</i> | | | |
| COVID-19 Vaccine | VIALS ON HAND | VIALS REQUIRED | |
| Moderna [SPIKEVAX]™ XBB.1.5 <ul style="list-style-type: none"> • Number of 0.5 mL doses (12+): 5 • Number of 0.25 mL doses (6m – 11y): 10 | | | |
| Pfizer COMIRNATY (Omicron XBB.1.5) <ul style="list-style-type: none"> • Number of 0.3 mL doses (12+) per vial: 6 | | | |