



**FAX** form to: 519-383-7092, or  
**EMAIL** form to: vaccineorders@county-lambton.on.ca

**To receive COVID-19 vaccine, your office must be an approved COVID-19 vaccine site and ensure the following criteria are met (check boxes):**

- Providers at your site have obtained a COVaxON ID and completed COVaxON training via [OntarioMD](#).
- Your site will provide a copy of your last 7 days of temperature logs 24-48 hours prior to your scheduled pick-up time.
- 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 2 business days to fill. \*\***

**OFFICE USE ONLY**

VACCINE PACKING INFORMATION

**\*\*\***  
Please indicate if supplies are needed:  
 Yes  No

<b>Health Care Provider/ Facility Name:</b>		<b>Date:</b>	
Contact Name:	Title:	Tel #:	Ext #:
Email:		Fax #:	

<b>Preferred Pickup Date:</b>	
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<b>COVID-19 Vaccine</b>	<b>VIALS ON HAND</b>	<b>VIALS REQUIRED</b>
<b>Moderna SPIKEVAX™ XBB.1.5</b> [andusomeran mRNA] <ul style="list-style-type: none"> <li>• Number of 0.5 mL doses (12+) per vial: <b>5</b></li> <li>• Number of 0.25 mL doses (6m – 11y) per vial: <b>10</b></li> </ul>		
<b>Novavax NUVAXOVID™ XBB.1.5</b> [recombinant protein, adjuvanted] <ul style="list-style-type: none"> <li>• Number of 0.5 mL doses (12+) per vial: <b>5</b></li> </ul>		
<b>Pfizer COMIRNATY® Omicron XBB.1.5 - Adult</b> [monovalent, mRNA] <ul style="list-style-type: none"> <li>• Number of 0.3 mL doses (12+) per vial: <b>6</b></li> <li>• <b>GREY</b> cap on vial</li> </ul>		
<b>Pfizer COMIRNATY® Omicron XBB.1.5 - Pediatric</b> [monovalent, mRNA] <ul style="list-style-type: none"> <li>• Number of 0.3 mL doses (5-&lt;12y) per vial: <b>6</b></li> <li>• <b>BLUE</b> cap on vial</li> </ul>		