**Ministry of Health**

Health Protection and Surveillance Policy and Programs Branch

Office of Chief Medical Officer of Health, Public Health

**Influenza Vaccine Order Form for the Universal Influenza Immunization Program**

**Place your influenza vaccine order by completing all applicable fields in this order form.**

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| **1. Company Contact Information and Individual Ordering Vaccine** |
| Public Health Unit/OGPMSS Client Number | **Zone** (if applicable) / Toronto Clients refer to Packing Slip |

Company Name/Health Care Provider

|  |  |
| --- | --- |
| Last Name | First Name |
| Telephone Number | ext. | Fax Number | Email Address |

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Number | Street Number | Street Name | PO Box |
| City/Town | ProvinceON | Postal Code |
| Signature | Date (yyyy/mm/dd) |
| **2. Influenza Vaccine Order** |
| **Catalogue Number** | **Influenza Vaccine** | **Eligibility** | **Number of doses on hand** | (a)**Number of doses required for****this vaccine order** |
| 657144000657144200 | Quadrivalent inactivated vaccine (QIV) (FluLaval Tetra, Fluzone® Quadrivalent) | 6 months and older |  |  |
| 657155100 | High-dose quadrivalent inactivated vaccine (QIV-HD) (Fluzone® High-Dose Quadrivalent) | 65 years and older |  |  |
| 657133520 | Adjuvanted trivalent inactivated vaccine (TIV- adj) (Fluad®) | 65 years and older |  |  |
| **Total for this vaccine order** (sum of column [a]): |  |

**Notes**

* Fluzone® Quadrivalent and Fluzone® High-Dose Quadrivalent are different products. Fluzone® High-Dose Quadrivalent is only authorized for those 65 years of age and over. Please use caution when administering Fluzone® products to ensure that the right vaccine is being administered to the right person.
* Please consider your refrigerator capacity when placing orders.
* Maintain no more than 1 month supply of vaccine at a time. However, depending on the size of your vaccine refrigerator, inventory may need to be reduced to a 1-2 week supply to prevent overcrowding.
* QIV vaccines will be distributed based on availability and requests for specific brands of QIV vaccines are not permitted.

|  |
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| **3. Number of Doses Required for Walk-ins, Appointments and/or Clinics** |
| **Type of Immunization Setting** | **Date** (yyyy/mm/dd) | **Estimated number of doses required** |
| Walk-ins and/or appointments (if applicable) | N/A |  |
| Clinic 1 (if applicable) |  |  |
| Clinic 2 (if applicable) |  |  |
| Clinic 3 (if applicable) |  |  |
| **4. Form Return Information** |

Return this form to your vaccine supply source (Public Health Unit or OGPMSS for Toronto clients)

By submitting this order 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 Toronto Public Health and recommendations regarding usage of the effected 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

Note: If you are unable to verify any of the above, call Toronto Public Health at 416-338-7600.

Fax your vaccine order to OGPMSS to 416-327-0818 (for Toronto clients only).

 **Print Form**

 **Clear Form**

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