



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.

1. Company Contact Information and Individual Ordering Vaccine

Public Health Unit/OGPMSS Client Number	Zone (if applicable) / Toronto Clients refer to Packing Slip
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Company Name/Health Care Provider

Last Name	First Name
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Telephone Number	ext.	Fax Number	Email Address
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Address			
Unit Number	Street Number	Street Name	PO Box

City/Town	Province ON	Postal Code
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Signature	Date (yyyy/mm/dd)
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2. Influenza Vaccine Order

Catalogue Number	Influenza Vaccine	Eligibility	Number of doses on hand	(a) Number of doses required for this vaccine order
657144000 657144200	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.

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](#)