

## **Toronto Provider RSV Vaccine Order Form**

Email your vaccine	ı	Ministry Use Only – Order no.:										
<ul> <li>Complete ALL f</li> </ul>	ields to avoid a	dela	supply in your vaccine fri y in processing your vacc	ine order.								
Please visit the OPS  Client no.	webpage for mo	ore inf	formation on public health unit locations and contact  Customer Requisition no.			ntact informa		Data	of requisition	/ /		
			Customer Nequisition no.				Date of requisition (yyyy/mm/dd)					
Order placed by Last Name						First Name						
Telephone No.			Fax No.				Address					
Vaccinating Facility												
☐ Long-Term Care Home					☐ Retirement Home							
☐ Indigenous Long Term Care Home (Elder Care Lodge)						☐ Hospital						
☐ Primary Care Office					☐ Obstetrician							
☐ Midwife*						Other (specify)						
Ship to Address Unit No. S	treet No.	Stre	eet Name			!			PO Box			
City/Town			Province							Postal Code		
*Midwives must hav	ve a direct orde	r, me	dical directive or delegation	on to admi	inister B	eyfortus® a	as specif	ied in	O. Reg. 188/	1 24 under the Mid	dwifery Act,	
Shipping Instruction Alternative delivery s to receive the vaccin scheduled delivery d	ites must have a e order on the sa ay.	chedu	itored refrigerator for vaccin led delivery day. If the office									
Refer to the current RSV website for Ontario for eligibility criteria  Eligible Infant and Children ONLY												
Code Name Eligibility							Doses Hand		Doses Required	For TPH (	Jse Only	
BEYFORTUS® 50 M	G1.2 Infants < I	112 Infanta « Elva					Tranc		required	Product #	Doses/Pkg	
BEYFORTUS® 50 MG <sup>1,2</sup> Infants < 5kg  BEYFORTUS® 100 MG <sup>1,2</sup> Infants up to 8 months and <u>high-risk children</u> less that						tha > Eka				657122000	1	
						1115 = 3kg				657124000 657124001	1 5	
Eligible Pregnant Individuals										007 124001		
Code Name	Eligibility						Doses Hand		Doses Required	Product #	Doses/Pkg	
ABRYSVO™	Pregnant during RS	Pregnant Individuals 32 to 36 weeks gestational age (who viduring RSV season)				deliver				657123240	1	
	prevention	*Note that Nirsevimab (Beyfortus®) is preferred over Abrysvo™ for the prevention of RSV in infants. Refer to NACI Statement on the Prevention								657123241	10	
of RSV Disease in Infants  Eligible Older Adults												
Code Name	Eligibility	,					Doses Hand		Doses Required	Product #	Doses/Pkg	
AREXVY / ABRYSVO	Individuals risk catego Res hom setti simi tran	<ul> <li>homes (Elder Care Lodges), or retirement homes including similar settings (e.g., co-located facilities).</li> <li>Patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs)</li> <li>Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised</li> </ul>								657123240 657123241	1 1 10	
Recipients of solid organ or hematopoietic stem cell to     Individuals experiencing homelessness     Individuals who identify as First Nations, Inuit, or Méti  1Each Beyfortus® pre-filled syringe is for single use only.												
<sup>2</sup> Beyfortus® is a pass temperature betwee	sive immunizing en +2°C and +8°	agent C. Ple	that must follow the Vaccine that must follow the Vaccine tase keep the product in the ed from the refrigerator, Bey	original ou	uter carto	on until adm	inistration	to pro				
Customer - Authorized official (please print) Last Name First Na						Signature						