

Email your vaccine order to <a href="mailto:vaccineorder@toronto.ca">vaccineorder@toronto.ca</a>	Ministry Use Only – Order no.:
<ul style="list-style-type: none"> <li>Maintain no more than a one month supply in your vaccine fridge at any time.</li> <li>Complete ALL fields to avoid a delay in processing your vaccine order.</li> </ul>	
Please visit the <a href="#">OPS webpage</a> for more information on public health unit locations and contact information	

Client no.	Customer Requisition no.	Date of requisition (yyyy/mm/dd)
Order placed by Last Name		First Name
Telephone No.	Fax No.	Email Address
Vaccinating Facility		
<input type="checkbox"/> Long-Term Care Home	<input type="checkbox"/> Retirement Home	
<input type="checkbox"/> Indigenous Long Term Care Home (Elder Care Lodge)	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Primary Care Office	<input type="checkbox"/> Obstetrician	
<input type="checkbox"/> Midwife*	<input type="checkbox"/> Other (specify)	
Ship to Address		
Unit No.	Street No.	Street Name
City/Town		Province
		Postal Code

\*Midwives must have a direct order, medical directive or delegation to administer Beyfortus® as specified in O. Reg. 188/24 under the Midwifery Act, 1991.

**Shipping Instructions**

Alternative delivery sites must have a monitored refrigerator for vaccine storage that has been inspected by your local public health unit. Staff must be available to receive the vaccine order on the scheduled delivery day. If the office is closed (e.g., closed for lunch, etc.), your order will NOT be redelivered until your NEXT scheduled delivery day.

Refer to the current [RSV website for Ontario](#) for eligibility criteria

Eligible Infant and Children ONLY					
Code Name	Eligibility	Doses on Hand	Doses Required	For TPH Use Only	
				Product #	Doses/Pkg
BEYFORTUS <sup>®</sup> 60 MG <sup>1,2</sup>	Infants < 5kg			657122000	1
BEYFORTUS <sup>®</sup> 100 MG <sup>1,2</sup>	Infants up to 8 months and <a href="#">high-risk children</a> less than 24 months ≥ 5kg			657124000	1
				657124001	5

Eligible Pregnant Individuals					
Code Name	Eligibility	Doses on Hand	Doses Required	Product #	Doses/Pkg
ABRYSSVO <sup>®</sup>	Pregnant Individuals 32 to 36 weeks gestational age (who will deliver during RSV season)  *Note that Nirsevimab (Beyfortus <sup>®</sup> ) is preferred over Abryssvo <sup>®</sup> for the prevention of RSV in infants. Refer to <a href="#">NACI Statement on the Prevention of RSV Disease in Infants</a>			657123240	1
				657123241	10

Eligible Older Adults					
Code Name	Eligibility	Doses on Hand	Doses Required	Product #	Doses/Pkg
AREXVY / ABRYSVO <sup>®</sup>	All individuals ages 75 and older Individuals 60 to 74 years of age who fall under one of the following high- risk categories: <ul style="list-style-type: none"> <li>Residents of long-term care homes, Indigenous long-term care 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> <li>Patients receiving hemodialysis or peritoneal dialysis</li> <li>Recipients of solid organ or hematopoietic stem cell transplants</li> <li>Individuals experiencing homelessness</li> <li>Individuals who identify as First Nations, Inuit, or Métis</li> </ul>			657123000	1
				657123240	1
				657123241	10

<sup>1</sup>Each Beyfortus<sup>®</sup> pre-filled syringe is for single use only.

<sup>2</sup>Beyfortus<sup>®</sup> is a passive immunizing agent that must follow the [Vaccine Storage and Handling Guidelines](#). It must be stored in a TPH inspected refrigerator at a temperature between +2° C and +8° C. Please keep the product in the original outer carton until administration to protect it from light. It cannot be frozen, shaken, or exposed to heat. Once removed from the refrigerator, Beyfortus<sup>®</sup> should be administered immediately.

Customer - Authorized official (please print) Last Name	First Name	Signature
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