

Influenza Vaccine Order Form for the Universal Influenza Immunization Program

Instructions

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/Ontario Government Pharmacy and Medical Supply Service (OGPMSS) Client Number			Zone (if applicable) / Toronto Clients refer to Packing Slip		
Company Name/Health Care Provider					
Last Name			First Name		
Address					
Unit Number	Street Number	Street Name			PO Box
City/Town			Province ON	Postal Code	
Telephone Number ext.		Fax Number	Email Address		
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
657133230 657133491	Trivalent inactivated vaccine (TIV) (Fluviral, Fluzone®, Flucelvax®)	6 months and older		
657155000	High-dose trivalent inactivated vaccine (TIV-HD) (Fluzone® High-Dose)	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® and Fluzone® High-Dose are different products. Fluzone® High-Dose 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.
- TIV vaccines will be distributed based on availability and requests for specific brands of TIV 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)	Not applicable	
Clinic 1 (if applicable)		
Clinic 2 (if applicable)		

4. Form Return Information

Return this form to Ontario Government Pharmacy and Medical Supply Services (OGPMSS) by fax at

416-327-0818. For inquiries regarding vaccine delivery please call OGPMSS at 416-327-0837

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 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 unable to verify any of the above, call Toronto Public Health Immunization Information line at 416-338-7600.

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For information about Vaccine Programs and associated forms visit:

toronto.ca/health/professionals