Vaccine Program Inventory
110 King Street West, 2nd Floor, Hamilton, ON L8P 4S6
Phone: 905-546-2424 ext 2161 • Fax: 905-546-3472
Publichealth.Medorders@hamilton.ca

Vaccine Order Form

for Routine Publicly Funded Vaccines

Practice Name: _____

Client ID: _____
(must be filled out for order to be processed)

Address: _____

City: _____ Postal Code: _____

Phone number: _____

Fax Number: _____

Routine Vaccines Ordering Process:

1. Complete this form for Routine Vaccines
2. **Vaccine orders must be faxed to 905-546-3472** along with 4 weeks of logged (twice daily) current, minimum and maximum temperatures with your facility's name clearly identified on the log sheets. Vaccine will not be released if log sheets are not received.
3. Orders are processed within 2–3 business days from receipt, followed by delivery by your courier.

Brand Name(s)	**Description/Abbreviation**	**Doses** Per Box	# of **Doses** on Hand	# of **Doses** Needed
Pentacel®	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b **(DTaP-IPV-Hib)**	5 single dose vials		
ActHIB® /Hiberix®	Haemophilus influenzae type b **(Hib)**	5 single dose vials or 1 single dose syringe		
Imovax® Polio	Injectable Polio **(IPV)**	1 single dose syringe		
Menjugate/ Neisvac®	Meningococcal C Conjugate **(Men-C-C)**	10 single dose syringes		
Priorix® /MMR® II	Measles, Mumps, Rubella **(MMR)**	10 single dose vials		
Priorix® Tetra/ ProQuad®	Measles, Mumps, Rubella, Varicella **(MMRV)**	10 single dose vials		
Vaxneuvance®	Pneumococcal 15-valent Conjugate vaccine **(Pneu-C-15)**	1 single dose syringe 10 single dose syringes		
Prevnar® 20	Pneumococcal Conjugate - 20 valent **(Pneu-C-20)**	10 single dose syringes		
Rotarix®	Rotavirus (oral) **(Rot-1)**	10 single dose tubes		
Tenivac®	Tetanus, Diphtheria **(Td)**	10 single dose vials		
Adacel® Boostrix	Tetanus, Diphtheria, Pertussis **(Tdap)**	10 singles dose vials		
Adacel Polio® Boostrix-Polio®	Diphtheria, Tetanus, Pertussis, Polio **(Tdap-IPV)**	10 single dose syringes		
Varivax® III/ Varilrix®	Varicella **(Var)**	10 single dose vials		
Shingrix®	Herpes Zoster (shingles) **(HZ)**	1 single dose syringe or 10 single dose vials		
Tuberculin®	Tuberculin **(TB)**	10 dose vial		

Immunization Resources	**Numbers**
Set of Yellow Immunization Cards (25/set)	
Vaccine Temperature Logbook	
Report Vaccines to Public Health "tear off record pad"	

Fax this form to:
905-546-3472

* This order form is subject to ongoing revisions based on vaccine availability.

**The most current Publicly Funded Immunization Schedule for Ontario can be found at:
https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf

Revised December 2025