



Vaccine Order Form for Routine Publicly Funded Vaccines

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.
4. ***Client ID must be filled out for order to be processed.**

Practice Name: _____
Client ID*: _____
Address: _____
City: _____
Postal Code: _____
Phone Number: _____
Fax Number: _____

Order Form*

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

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		



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

Brand Name(s)	Description/Abbreviation	Doses Per Box	# of Doses on Hand	# of Doses Needed
Pprevnar® 20	Pneumococcal Conjugate - 20 valent (Pneu-C-20)	10 single dose syringes		
Tuberculin®	Tuberculin (TB)	10 dose vial		
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		

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

The most [current Publicly Funded Immunization Schedule for Ontario \(PDF\)](#) can be found online on the Ministry of Health’s website.

Fax this completed form to: 905-546-3472