

Order Form for Covid-19 Vaccine



Location: 185 King St. Peterborough, Ontario, K9J 2R8	Order #
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- **FAX** completed form to: **705-743-2897**
- Please allow **5 business days** for processing orders for pick-up on **Tuesday or Thursday**
- Attach a copy of your temperature logs since your last vaccine order
- Complete **ALL** fields to ensure your order is completed within the committed timeline

Facility Name	Today's Date (YYYY/MM/DD)
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Facility Contact Last Name	First Name	Title
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Telephone No.	Fax No.	Email Address
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Address Unit No.	Street No.	Street Name	PO Box	STN/ RPO/ RR
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City/Town	Province ONTARIO	Postal Code
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Pick- Up Date (YYYY/MM/DD): TUES OR THUR	<input type="checkbox"/> 8 :45am to 9 :45am	<input type="checkbox"/> 12 :00 to 1 :00pm	<input type="checkbox"/> 3 :00 to 4 :00pm
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A routine vaccine order has also been submitted for pick-up at the same day and time.

Description	Vaccine Type	Doses per Vial	Vials on Hand	Vials Required	Lot Number
Moderna COVID-19 Vaccine (KP.2 Age 6 months +)	mRNA	5-10*			
Pfizer COVID-19 Vaccine (KP.2 Age 12 +)	mRNA	6			

*12+ years receive 50mcg/ 0.5mL

*6 months-11 years receive 25mcg/ 0.25mL dose

Please Note: the vaccine product you receive will be based on the Provincial supply of COVID-19 vaccine.

By submitting this order and signing below, 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 cold chain inspection
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to and recommendations regarding usage of the effected vaccines have been implemented by the practice
- Contingency plan is in place providing a power outage/cold chain occurs (includes: extra vaccine coolers, temp monitoring devices, etc.)

Facility – Authorized official (please print)	
Name:	Position Title:
Signature:	Date: (YYYY/MM/DD)

PPH Entry: Temp Log Received: Y / N

Temps in range: Y / N

Order filled: 20 ____/____/____

Staff: _____

CoVax IT #: _____