

Healthcare Provider Requisition Form for Influenza Vaccines 2024/2025

Peterborough Public Health 185 King St. Peterborough, Ontario, K9J 2R8					PHU Use Only: Order #:	
Form to be used after October 21, 2024, when re-ordering is available, for pick up the week of October 28						
• Fax completed form to (705)743-2897						
 Attach a copy of the vaccine refrigerat 						
Allow a MINIMUM of 5 business days	•	•	and indicate pick-u	p time		
Maintain no more than a one-month s	, .	•				
 Refer to the current Publicly Funded Ir 		· .	criteria.			
 Complete ALL fields to avoid a delay in 	processing your vaccine ord	ler				
Facility Name			Requisition Date (Requisition Date (YYYY/MM/DD)		
Health Care Provider Contact						
Last Name	First Name	First Name		Title		
Telephone No.	Fax No.	Fax No.		Email Address		
Address	I					
Unit No. Street No. Street Nam	Street Name PO		PO Box	STN/	RPO/ RR	
City/Town			Province	Posta	al Code	
Requested Pick Up Date and Time			<u> </u>	•		
Date (YYYY/MM/DD): □ 8:45 am to 9:45 am □ 12:00 pm to 1:00 pm □ :				n	00 pm to 4:00 pm	
Eligibility	Description	Vaccine Type	Format Doses Requested		uested	
6 months of age and older	Fluzone® Quadrivalent	QIV	MDV/PFS			
	Fluzone® High-Dose	OIV-HD	PES			

MDV= Multi-Dose Vial PFS= Prefilled Syringe

65 years of age and older

Please Note: you will receive the Quadrivalent (QIV) MDV or PFS, High Dose or Adjuvanted product that we have in stock at the time of your order. This may change depending on the Provincial supply of influenza vaccine.

TIV-adi

PFS

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 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 if a power outage/cold chain incident occur (includes extra vaccine coolers, temp monitoring devices, etc.)

Note: If you are unable to verify any of the above, call Anita Watts at 705-743-1000 ext. 349.

Fluad®