

Vaccine Order Form



Fax completed order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to your local NEPH Office by **Tuesday noon**. Vaccine will be available for pick up **Thursday** any time after 8:30 a.m.

Cochrane - **705-272-4996** Hearst - **705-362-7462** Hornepayne - **807-868-2225** Iroquois Falls - **705-258-2249**

Kapuskasing - **705-337-1895** Matheson - **705-273-2522** Smooth Rock Falls - **705-338-2250** Timmins - **705-360-7308**

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
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Call for questions on recommended immunizations.

Healthcare Provider Name (office name)		Requisition Date (yyyy/mm/dd)		
Healthcare Provider Contact Person (first and last name)		Title		
Telephone No.	Fax No.	Email Address		

ROUTINE VACCINES

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Adacel/Boostrix (Tetanus, Diphtheria and Pertussis)		10	657122070	
Adacel Polio/Boostrix Polio (Tetanus, Diphtheria, Pertussis and Polio)		10 1	657120131	
Imovax Polio (Polio)		1	657132202	
Menjugate/NeisVac-C (Men-C Conjugate) (<i>12 months of age</i>)		10 1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) (<i>12 months of age</i>)		10 1	657132300	
Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133480	
Prevnar 20 (Pneu-C-20) (<i>For ≥ 65 years of age + high-risk</i>)		10 1	657140201	
Vaxneuvance (Pneu-C-15) (<i>6 weeks - 4 years of age</i>)		10 1	657122201	
Rotarix (Rotavirus)		10 1	657142330	
Td Adsorbed (Tetanus and Diphtheria)		10 1	657132401	
Tubersol (Tuberculin Purified Protein Derivative (5 TU) – TB testing solution)		10	650633110	
Varivax/Varilrix (Varicella)		10 1	657133050	
Shingrix (Shingles) (<i>For 65-70 years of age</i>)		10 1	657120200	

OTHER VACCINES

For **High Risk Vaccines**, use the "High Risk Vaccine Order Form" on the NEPH website at <https://www.neph.ca/en/>

For **School Program Vaccines (Hepatitis B, HPV and Meningococcal C-ACYW135)**, use the "School Vaccine Order Form" located on the NEPH website at <https://www.neph.ca/en/>

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to Northeastern Public Health

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Healthcare Provider Name (Office name)		Requisition Date (yyyy/mm/dd)			
RSV VACCINES ONLY AVAILABLE DURING RESPIRATORY SEASON Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required	
Abrysvo (<i>pregnant women</i>)		1	657123240		
Arexvy (<i>eligible population</i>)		1	657123000		
Beyfortus 50mg (<i>Newborns – under 5kg</i>)		1	657122000		
Beyfortus 100mg (<i>those born in 2025 and ≤ 8 months of age</i>)		1	5	657124000	
FLU VACCINES ONLY AVAILABLE DURING RESPIRATORY SEASON Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required	
Fluzone®/Flucelvax®/Fluviral® (Trivalent) <i>≥ 6 months of age</i>		10	657144000		
Fluzone HD® (Trivalent) <i>≥ 65 years of age</i>		5	657155100		
Fluad® (Trivalent) <i>≥ 65 years of age</i>		10	657133520		
COVID-19 VACCINES ONLY AVAILABLE DURING RESPIRATORY SEASON Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package	Doses Required		
Moderna <i>≥ 6 months of age</i>		5			
Pfizer Pediatric <i>5 – 11 years of age</i>		6			
Pfizer Adult <i>≥ 12 years of age</i>		6			
STI MEDICATION					
Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required	
Benzathine Penicillin G 1.2 mu per 2ml		1	650532031		
SUPPLIES					
Immunization Card Plastic Sleeves					
Immunization Cards	<input type="checkbox"/> English		<input type="checkbox"/> French		
Vaccine Temperature Log Book	<input type="checkbox"/> English		<input type="checkbox"/> French		

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