

# Vaccine Order Form



Northeastern  
**PUBLIC HEALTH**  
**SANTÉ PUBLIQUE**  
du Nord-Est

**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.

<b>Healthcare Provider Name (office name)</b>		<b>Requisition Date (yyyy/mm/dd)</b>
<b>Healthcare Provider Contact Person (first and last name)</b>		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) (12 months of age)		10   1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) (12 months of age)		10   1	657132300	
Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133480	
Prevnar 20 (Pneu-C-20) (For ≥ 65 years of age + high-risk)		10   1	657140201	
Vaxneuvance (Pneu-C-15) (6 weeks - 4 years of age)		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) (For 65-70 years of age)		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)		
<b>RSV VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>					
Refer to the <a href="#">Canadian Immunization Guide</a>					
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	
<b>FLU VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>					
Refer to the <a href="#">Canadian Immunization Guide</a>					
Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Fluzone®/Flucelvax®/Fluviral® (Trivalent) ≥ 6 months of age		10		657144000	
Fluzone HD® (Trivalent) ≥ 65 years of age		5		657155100	
Fluad® (Trivalent) ≥ 65 years of age		10		657133520	
<b>COVID-19 VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>					
Refer to the <a href="#">Canadian Immunization Guide</a>					
Description	Doses on Hand	Doses per package		Doses Required	
Moderna ≥ 6 months of age		5			
Pfizer Pediatric 5 – 11 years of age		6			
Pfizer Adult ≥ 12 years of age		6			
<b>STI MEDICATION</b>					
Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Benzathine Penicillin G 1.2 mu per 2ml		1		650532031	
<b>SUPPLIES</b>					
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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