

Date: _____

Facility Name: _____ Phone #: _____ Ext: _____ Facility Fax #: _____

Facility Contact: _____ # of Fridges: _____ Type: Bar Domestic Purpose Built

- Place order by **Wednesday 3 pm** for pick up the following **Wednesday morning**.
- Orders must include the **previous 4 weeks of temperature log**.
- Coolers must be between 2 - 8 °C for vaccine to be released.
- Vaccine order inquiries: 705-721-7520 ext. 8808.

PROVINCIAL SHORTAGE OF HEPATITIS B VACCINE 1.0 ML FORMULATION – we are currently out of stock of this vaccine, which is used for students who are 11 - 15 years (grade 7 -10). This shortage is expected to end in April 2023, so students in grades 7 & 8 will continue to receive their HB vaccine at school clinics April-June.

If you need to order this vaccine for any patients, please order in mid-April.

For students who are 16-19 years needing to complete their Hepatitis B (HB) series, they would need to complete their series with the 0.5 mL formulation (Pediatric HB) and complete a 3-dose series. We have minimal supply available for order.

Refer to the Publicly Funded Immunization Schedules for Ontario (June 2022) for number of eligible doses and intervals between doses (product specific tables noted below).

Student Name: _____ **DOB (yyyy-mm-dd):** _____

Vaccine Name	Product / Description	Dose # in Series Requested	Ordering Criteria
Recombivax HB® / Engerix-B®	Hepatitis B 0.5mL formulation <input type="checkbox"/> Latex allergy	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <i>Refer to Table 7 of the Publicly Funded Schedule 3 x 0.5 mL dose schedule for 16-19 years</i>	Previous dose(s) given: <u>yyyy – mm – dd</u> <u>yyyy – mm – dd</u> <input type="checkbox"/> 2007 – must be 16 years old <input type="checkbox"/> 2006 <input type="checkbox"/> 2005* <i>* must complete series by August 31, 2023</i>
Gardasil®9	HPV	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <i>See Table 10 for 2 dose schedule: starting series between 11-14 years – before 15th birthday</i> <i>See Table 11 for 3 dose schedule. starting series at 15 years or older; or immunocompromised</i>	Previous dose(s) given: <u>yyyy – mm – dd</u> <u>yyyy – mm – dd</u> <input type="checkbox"/> 2009 – completing series, only <input type="checkbox"/> 2008 <input type="checkbox"/> 2007 <input type="checkbox"/> 2006 <input type="checkbox"/> 2005* <input type="checkbox"/> 2004* <input type="checkbox"/> Females born 2002* and 2003* <i>* must complete series by August 31, 2023</i>

Location to be picked up (please check):

Gravenhurst Huntsville Orillia

VIM Order # (for office use only): _____

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