

Vaccine Order Form

HCP Office name: _____ Contact Person: _____ Request Date: _____

Email Address: _____ Telephone No: _____ Fax No: _____

1. Fax completed order form including your Temperature Log for the last 2-4 weeks to your local NEPH Office by noon on your order date.
2. Complete ALL fields to avoid a delay in processing your order
3. Maintain no more than a one-month supply in your vaccine fridge at any time.
4. Call NEPH at 1-877-442-1212 for questions on recommended immunizations.
5. NEPH has the authority to review all vaccine orders and adjust accordingly if requested amounts appear to exceed a one-month supply.
6. Vaccines can be ordered and picked up as per the vaccine delivery schedule <https://www.neph.ca/en/for-professionals/health-professionals>.

By submitting this order and min/max temperature log, I verify on behalf of the practice the following:

7. Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily.
8. Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection.
9. 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.
10. A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.

Cochrane – 705-272-4996

Hornepayne – 807-868-2225

Matheson – 705-273-2522

Englehart, Kirkland Lake & New Liskeard – 705-647-5779

Iroquois Falls – 705-258-2249

Smooth Rock Falls – 705-338-2250

Hearst – 705-362-7462

Kapuskasing – 705-337-1895

Timmins – 705-360-7308

ROUTINE VACCINES

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

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Haemophilus influenzae type b(Act-Hib, Hiberix)		1	657132550	
Herpes Zoster(Shingrix)(≥65-70 years of age)		1	657120200	
Measles, Mumps and Rubella(MMRII/Priorix)		10	1	657132300
Measles, Mumps, Rubella, and Varicella(ProQuad/Priorix Tetra)		10	1	657136040
Meningococcal-C-ACYW135(MenQuadFi/Menveo/Nimenrix)		10	1	657133701
Pneumococcal 15-valent Conjugate(Vaxneuvance)(6 weeks-4 years of age)		10	1	657122201
Pneumococcal 21-valent Conjugate(Capvaxive)(≥65 years of age)		10	1	657120261
Polio(Imovax Polio)		1	657132202	
Rotavirus(Rotarix)		10	1	657142330
Tetanus and Diphtheria(Td)		10	1	657132401
Tetanus, Diphtheria and Pertussis(Adacel or Boostrix)		10		657122070
Tetanus, Diphtheria, Pertussis and Polio(Adacel-Polio or Boostrix-Polio)		10	1	657120131
Tetanus, Diphtheria, Pertussis, Polio and Haemophilus influenzae type B(Pentacel)		5		657133480
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution(TB Case & Contact)		10		650633110
Rabies Immune Globulin (Human), 99 ml/kg Vial 1 / Box(Hospital Use Only)		1		657132260
Rabies 1 ml Vial 1 / Box(Hospital Use Only)		1		657132310
Respiratory Syncytial Virus(Abrysvo, Arexvy)(≥75 years of age)		1		657123000
Varicella(Varivax/Varilrix)		10	1	657133050

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

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Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

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SEASONAL IMMUNIZING AGENTS ONLY AVAILABLE DURING RESPIRATORY SEASON

Refer to the [Canadian Immunization Guide](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
COVID-19(Moderna Spikevax)(≥ 6 months of age)		5	657167000	
COVID-19(Pfizer Cominarty)(Adult ≥ 12 years of age)		6	657166400	
Influenza Trivalent(Fluzone®/Fluviral®/Vaxigrip®)(≥ 6 months of age)		10	657133230	
Influenza Trivalent(Flucelvax®/Fluzone®)(≥ 6 months of age)		10	657133491	
Influenza Trivalent HD(Fluzone HD®) (≥ 65 years of age)		5	657155000	
Influenza Trivalent Adjuvanted(Fluad®)(≥ 65 years of age)		10	657133520	
Respiratory Syncytial Virus(Abrysvo)(pregnant individuals)		1	657123240	
Respiratory Syncytial Virus Antibody 50mg(Beyfortus)(Newborns-under 5kg)		1	657122000	
Respiratory Syncytial Virus Antibody 100mg(Beyfortus)(For infants 5kg or greater)		5	1	657124000

OTHER VACCINES

For High Risk & School Program Vaccines, use the “High Risk & School Vaccine Order Form” on the NEPH website at <https://www.neph.ca/en/for-professionals/health-professionals>

STI MEDICATION

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Benzathine Penicillin G 1.2 mu per 2ml(Corectional and Coastal Use Only)		1	650532031	
Amoxicillin 500 mg(Coastal Use Only)		100 caps/bottle		
Azithromycin 250 mg(Coastal Use Only)		100 caps/bottle		
Ceftriaxone 250 mg/vial(Coastal Use Only)		10 vials/pkg		
Doxycycline 100 mg(Coastal Use Only)		100 caps/bottle		
Lidocaine 1% solution for injection 5ml Lidocaine 1% solution for injection 5ml (Coastal Use Only)		20 polyampoules/pkg		
Sterile water for injection 10ml(Coastal Use Only)		20 polyampoules/pkg		

** Gentamicin Injection 40mg/ml is ordered under the Special Access Program of Health Canada and is available from MOHLTC on a case-by-case basis.(Coastal Use Only)

SUPPLIES

	Amount Required
Vaccine Temperature Log Book	☐ English ☐ French
Immunization Cards	☐ English ☐ French
Immunization Card Plastic Sleeves	
ICON Resource Tearoff Pad (Bilingual)	

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