

Mailing Address:

Niagara Region Public Health
1815 Sir Isaac Brock Way
P.O. Box 1052
Thorold, ON L2V 0A2
905-688-8248 Toll free: 1-888-505-6074 ext. 7396
niagararegion.ca/health

**Please complete and return this form by fax
to 905-688-4667.**

Order No:

Program assistant initials:

All vaccine orders require:

- A copy of your current 4 week fridge temperature log (up to present day)
- 3 full business days to fill the order

Facility name:

Phone:

Ext.:

Contact:

Date (mm/dd/yyyy):

Email:

All vaccine orders will be delivered to your facility according to the [vaccine delivery schedule](https://niagararegion.ca/health/professionals/vaccine/vaccine-schedule.aspx) (niagararegion.ca/health/professionals/vaccine/vaccine-schedule.aspx).

Routine Vaccines

Vaccine	Trade name	Doses per package	Doses on hand	Doses requested
DTaP-IPV-Hib (Diphtheria, Tetanus, acellular Pertussis, Polio, Hib)	Pediacel® or Pentacel®	5		
Pneumococcal 15-valent Conjugate*	Vaxneuvance®	1 or 10		
Rotavirus	Rotarix®	1 or 10		
MMR (Measles, Mumps, Rubella)	MMR® II or Priorix®	10		
Varicella (Chickenpox)	Varivax® or Varilrix®	10		
Tdap (Tetanus, diphtheria, acellular pertussis)	Adacel® or Boostrix®	5 or 10		

High Risk Client(s) ONLY

Order high risk vaccine(s) according to the High Risk Vaccine Programs as outlined in the most recent [Publicly Funded Immunization Schedules for Ontario](https://ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf) (ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf).

Vaccine	Indicate high risk criteria	Date of birth (yyyy/mm/dd)	Doses requested
Hepatitis B (Adult)			
Hepatitis B (Pediatric)			
Pneumococcal 20-valent Conjugate* (Pevnar 20®)			

Respiratory Syncytial Virus (RSV) Products for the Infant and High-Risk Prevention Program

Vaccine	Trade name	Doses per package	Doses on hand	Doses requested
Vaccine for pregnant individuals (RSVpre-F) [†]	Abrysvo®	1 or 10		

Resources	Amount Requested
Publicly Funded Immunization Schedules for Ontario	Available online only
Fridge thermometer (fee will apply)	
Transport thermometer (fee will apply)	
Vaccine temperature log book	
Immunization notification pads	
Immunization cards and sleeves	

*Refer to the Ministry of Health's health care provider fact sheets at ontario.ca/page/vaccine-resources-professionals#section-5

[†]See Ministry of Health fact sheets for health care providers at [Respiratory Syncytial Virus \(RSV\) prevention programs | ontario.ca](https://ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs#section-3) (https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs#section-3)

[Visit our website](https://niagararegion.ca/health/professionals/vaccine/default.aspx) (niagararegion.ca/health/professionals/vaccine/default.aspx) to stay up-to-date on vaccine related information.

Notes:

- Use the Seasonal Influenza Vaccine Order Form for all influenza vaccine orders
- Use the COVID-19 Vaccination Request Form for Physicians and Primary Care
- Refer to [O. Reg. 188/24: DESIGNATED DRUGS AND SUBSTANCES \(ontario.ca\)](https://ontario.ca/laws/regulation/240188) (ontario.ca/laws/regulation/240188) for vaccines under the scope of practice (as deemed clinically appropriate until the client is discharged)