Ontario

**Ministry of Health**

Vaccine Policy and Programs Branch
Office of Chief Medical Officer of
Health, Public Health

# Influenza Vaccine Order Form for the Universal Influenza Immunization Program

## Instructions

**Place your influenza vaccine order by completing all applicable fields in this order form.**

## 1. Company Contact Information and Individual Ordering Vaccine

| Public Health Unit/Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) Client Number | **Zone** (if applicable) / Toronto Clients refer to Packing Slip |
|---|---|
| Company Name/Health Care Provider | |
| Last Name | First Name |

**Address**

| Unit Number | Street Number | Street Name | PO Box |
|---|---|---|---|
| | | | |

| City/Town | Province | Postal Code |
|---|---|---|
| | | |

| Telephone Number ext. | Fax Number | Email Address |
|---|---|---|
| | | |

| Signature | Date (yyyy/mm/dd) |
|---|---|
| | |

## 2. Influenza Vaccine Order

| Catalogue Number | Influenza Vaccine | Eligibility | Number of doses on hand | (a) Number of doses required for this vaccine order |
|---|---|---|---|---|
| 657133230<br>657133491 | Trivalent inactivated vaccine (TIV) (Fluviral, Fluzone®, Flucelvax®) | 6 months and older | | |
| 657155000 | High-dose trivalent inactivated vaccine (TIV-HD) (Fluzone® High-Dose) | 65 years and older | | |
| 657133520 | Adjuvanted trivalent inactivated vaccine (TIV-adj) (Fluad®) | 65 years and older | | |
| | | | **Total for this vaccine order** (sum of column [a]): | |

**Notes**

- Fluzone® and Fluzone® High-Dose are different products. Fluzone® High-Dose is only authorized for those 65 years of age and over. Please use caution when administering Fluzone® products to ensure that the right vaccine is being administered to the right person.
- Please consider your refrigerator capacity when placing orders.
- Maintain no more than 1 month supply of vaccine at a time. However, depending on the size of your vaccine refrigerator, inventory may need to be reduced to a 1-2 week supply to prevent overcrowding.
- TIV vaccines will be distributed based on availability and requests for specific brands of TIV vaccines are not permitted.

## 3. Number of Doses Required for Walk-ins, Appointments and/or Clinics

| Type of Immunization Setting | **Date** (yyyy/mm/dd) | Estimated number of doses required |
|---|---|---|
| Walk-ins and/or appointments (if applicable) | | |
| Clinic 1 (if applicable) | | |
| Clinic 2 (if applicable) | | |
| Clinic 3 (if applicable) | | |

## 4. Form Return Information

Return this form to your vaccine supply source (Public Health Unit or OGPMSS for Toronto clients)

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