



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
657144000 657144200	Quadrivalent inactivated vaccine (QIV) (FluLaval Tetra, Fluzone® Quadrivalent)	6 months and older		
657155100	High-dose quadrivalent inactivated vaccine (QIV-HD) (Fluzone® High-Dose Quadrivalent)	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® Quadrivalent and Fluzone® High-Dose Quadrivalent are different products. Fluzone® High-Dose Quadrivalent 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.
 - QIV vaccines will be distributed based on availability and requests for specific brands of QIV 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)