Huron Perth Public Health

PERTH | ROUTINE Publicly Funded Vaccine Order Form INFLUENZA and COVID (page 2)

653 West Gore St., Stratford
Tel: 1-888-221-2133
Fax: 519-271-2785
www.hpph.ca

August 2026

PERTH Ordering Process: Fax to 519-271-2785 or toll-free 1-877-271-2785 Questions: 1-888-221-2133, Ext. 3225

Orders must be received no later than Friday at 12 p.m. prior to delivery date of the first Thursday or Friday monthly.

Early submission of orders is encouraged to avoid missing the deadline.

Any orders received after the deadline will need to be picked up from the health unit.

Name of facility and address:		**Health unit use only:** Requisition #
Date:	Ordered by:	
Phone number:	Temperature logs dating back to last order included? Yes ☐	Date of last temperature logs sent:

Vaccine antigen	Vaccine brand name	Product ID	**DOSES** per package	Current fridge inventory **# of DOSES**	Number of **DOSES** requested
DTaP-IPV-Hib	Pentacel	657 133 480 657 133 481	5/pkg 10/pkg		
IPV	Polio	657 132 202	1/pkg		
Men-C-C *Transitioning Out*	Neis Vac	657 133 443	10/pkg		
Men-C-ACYW NEW!	Menveo/MenQuadfi/Nimenrix	657 120 170 657 133 400	1/pkg 10/pkg		
MMR	MMR II/Priorix	657 132 301 657 132 300	1/pkg 10/pkg		
MMRV	Priorix-Tetra/Pro-Quad	657 136 040	10/pkg		
Pneu-C-15	Vaxneuvance	657 122 200 657 122 201	1/pkg 10/pkg		
Pneu-C-20	Prevnar 20	657 140 201	10/pkg		
Pneu-C-21 NEW!	Capvaxive	657 120 260 657 120 261	1/pkg 10/pkg		
PPD	Tubersol (TB)	650 633 110	10/pkg		
Rotavirus	Rotarix	657 142 330	10/pkg		
Tetanus Diphtheria	Td Adsorbed	657 132 401	10/pkg		
Tdap	Adacel/Boostrix	657 122 030	10/pkg		
Tdap-IPV	Adacel-Polio/Boostrix-Polio	657 120 131	10/pkg		
Varicella	Varilrix or Varivax III	657 133 050	10/pkg		
Zoster	Shingrix	657 120 200	1/pkg		

ONLY ordering routine publicly funded vaccines? Report any other vaccine inventory in your fridge.

Report other vaccine quantities below in DOSES:

School vaccine	HPV: HepB 1.0 ml: HepB 0.5 ml: Men-C-ACYW:
Rabies vaccine	RIG: Rabies Vaccine:
Influenza (65 and older)	Fluad: High Dose TIV:
Influenza (6 months and older)	Pre-filled Syringe Standard TIV: Multi-Dose Vial Standard TIV:
Adult RSV vaccine	Arexvy: Abrysvo:
Infant RSV vaccine	Beyfortus 50 mg: Beyfortus 100 mg:
COVID vaccine	Spikevax: Comirnaty:
High risk vaccines (list)	

Condoms: Yes ☐	Yellow cards 25 ☐ 50 ☐ 100 ☐
Date order received:	**Order approved by:**

Huron Perth Public Health

INFLUENZA & COVID Vaccine Order Form

Fax completed order form to 519-271-2785 or toll-free at 1-877-271-2785

August 2026

Facility name: Address:		**Health unit use only:** Requisition #
Date:	Ordered by:	
Phone number:	Temperature logs dating back to last order included? Yes ☐	Date of last temperature logs sent:

INFLUENZA VACCINE	Product ID	**DOSES** per package	Current fridge inventory **# of DOSES**	Number of **DOSES** requested
TIV (Trivalent) Standard Dose - (6 months and older) (Fluviral or Fluzone TIV)	657 133 230	10/pkg (multi-dose vial)		
TIV (Trivalent) Standard Dose - (6 months and older) (Fluzone TIV)	657 133 491	10/pkg (pre-filled syringe)		
High Dose TIV (HD Trivalent) – (65 yrs and older) (High Dose Fluzone)	657 155 000	5/pkg (pre-filled syringe)		
TIV-adj (Adjuvanted Trivalent) – (65 yrs and older) (Fluad)	657 133 520	10/pkg (pre-filled syringe)		
COVID VACCINE **Registered Panorama Guided Workflow Users ONLY**	Product ID	**DOSES** per package	Current fridge inventory **# of DOSES**	Number of **DOSES** requested
COVID-19 mRNA – (6 months and older) (Spikevax)	657 167 000	50/pkg (multi-dose vial)		
COVID-19 mRNA – (12 years and older) (Comirnaty or Spikevax)	657 167 600 657 167 000 657 166 400	10/pkg (pre-filled syringe) 50 or 60/pkg (multi-dose vial)		
Health unit use only: Panorama req. #				
Date order received:	**Order approved by:**			

▸ Orders will be filled based on product availability and may include both multi-dose and pre-filled syringes

Important reminders for ordering, storing, picking up, receiving and returning vaccine:

- Ensure you are using the current version of the order form. Copies of all vaccine order forms are available at www.hpph.ca/immunizations under Ordering vaccines.
- Fax School-based and High-Risk orders ahead of the order date to allow time for processing. Orders will be sent once approved and processed.
- Do not order more than a one-month supply of vaccine and ensure that vaccine is rotated so that the earliest expiry date is used first.
- When picking up vaccine, please arrive at the health unit with your pre-conditioned cooler ranging between 2-8 C with appropriate packing materials (health unit provided thermometer, ice packs and refrigerated cold blankets).
- Verify packing slip against vaccine received (i.e., quantities, lot # and expiry date) and report any discrepancies.
- Return all unused, expired or spoiled vaccines with a completed Vaccine Return Form every two to three months. Return forms can be found on the HPPH website (same location as the order forms).