



Biological Depot - Public Health, Central Zone
 7 Mellor Avenue, Unit 5, Dartmouth, NS B3B 0E8
Fax or Email to: (902) 481-5923
PublicHealthVaccineOrders@nshealth.ca

Requisition - Vaccines Request for High Risk Patients

PHS Product Requisition Number:

<p style="text-align: center;">PACKING SLIP</p> <p>Name and Address of Physician and Medical Clinic: (required)</p>	<p>COMPLETED BY: (Please Print)</p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Date: _____</p>
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Please allow 7 to 14 Business Days for your order to be processed

Deliver via Med Express *Contact Med Express to see if they deliver to your area and applicable charges

Pick-up (Public Health will contact you to arrange pick-up when order is ready)

**** Vaccines will not be released without a hard sided cooler with lid, insulating packing material and ice pack****

- This form is for ordering non routine vaccines for clients with high risks conditions as per the Nova Scotia Immunization Manual.
- Non-routine vaccine requests require Public Health approval.

Patient eligibility - <http://novascotia.ca/dhw/cdpc/documents/Vaccine-Eligibility-for-High-Risk-Conditions.pdf>
Patient eligibility pre-exposure prophylaxis monkeypox – <https://novascotia.ca/dhw/cdpc/cdc/documents/Monkeypox.pdf>

Last Name: _____ First Name: _____

DOB: _____ HCN # _____

Reason (check all that applies):

- | | | |
|---------------------|--------------------------|---------------|
| Medical indication | <input type="checkbox"/> | Specify _____ |
| Hepatitis C program | <input type="checkbox"/> | _____ |
| Case contact | <input type="checkbox"/> | Specify _____ |
| Risk Behaviour | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | Specify _____ |

Vaccines Requested - Check all that apply	Doses Ordered	Doses Approved	Doses Filled
<input type="checkbox"/> Haemophilus B Conjugate (Act-HIB)			
<input type="checkbox"/> Hepatitis A (Havrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis A and B (Twinrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis B 40 mcg dialysis (Recombivax HB 40 mcg)			
<input type="checkbox"/> Hepatitis B (Engerix B) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Meningococcal Conjugate ACYW-135 (Nimenrix)			
<input type="checkbox"/> Multicomponent Meningococcal B (Bexsero)			
<input type="checkbox"/> HPV (Gardasil9)			
<input type="checkbox"/> Other:			

Comments: _____

Public Health Office Use

Approved Denied Name: _____ Date: _____